

# **UNDERSTANDING HIV/AIDS EDUCATION IN A GHANAIAN CULTURE**

The case of Akropong-Akwapim School for the Blind

**Daniel Mawuli Tsikata**



THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS  
FOR THE MASTER OF PHILOSOPHY DEGREE  
**THE FACULTY OF EDUCATION**  
**DEPARTMENT OF SPECIAL NEEDS EDUCATION**

UNIVERSITY OF OSLO

2007



## ABSTRACT

This study explores how the Ghanaian adolescent pupils with visual impairment are educated about HIV/AIDS. A qualitative case study examination with in-depth interviews, conversation, focus groups and observations has been used in order to obtain the views of the informants and to understand their reality. The informants were adolescent pupils, parents, teachers and two information-rich informants from the School for the Blind and the Ghana Education Service.

HIV/AIDS has been identified as one of the main challenges facing the educational sector in Ghana. Everybody seems to be at risk including adolescent pupils with visual impairment. Traditionally, these pupils face the problem of rejection by their parents due to stigma attached to disability. However the school as modern system accepts these pupils and educate them in the residential settings. The Akropong School for the Blind plays an important role in the education of the blind in Ghana.

I have used some international theories on tradition, modernity and to demonstrate how the Ghanaian adolescent pupils with visual impairment are informed about HIV/AIDS. As a traditional system, the causes and prevention of HIV/AIDS are based mainly on traditional practices and superstitions. Ghanaian school system supports principles of modernity supports, in principle, the visually impaired to be educated about HIV/AIDS. Simultaneously, the government accepts ideas through traditional practitioners which are not possible in the new thinking. What is learnt in the school is at variance with what pertains at home.

Findings from the study highlight the role of the home based on strong traditional beliefs and practices and the role of the school based on modernity. The Ghana Government, representing modernity does not include HIV/AIDS in the curriculum. and does not support pupils with visual impairment with Braille materials. The government is double-minded; recognizing traditional ideas and modern ideas. This is signalling a difficult situation. Thus, today the visually impaired and the government are both caught in-between tradition and modernity.

## ACKNOWLEDGEMENT

The accomplishment of this study has been achieved through the wonderful contributions and encouragements of many people whom I owe debt of gratitude. Firstly, I wish to express my sincere gratitude to my advisors Professor Einar Sletmo and Associate Professor Ivar Morken who meticulously supervised my thesis during the writing process and for offering me useful advice and constructive criticisms which have helped me achieve this write-up. Secondly, my gratitude goes to Professor Johnsen Berit and Professor Liv Randi Opdal for their guidance and encouragement which made my study successful. I also express my gratitude to Denese Brittain, of the International Division for her immense assistance and direction during the period of my study.

Further, I wish to give special gratitude to **Save the Children, Norway** for approving my research proposal and offering me tremendous support in the form of research grant to carry out the field study.

I am also grateful to Marit Spurkland, Margareth Sandvik, Geir Hoaas and Vera Berg all of the Early Childhood Department, Oslo University College for their collective support, in diverse ways, in making this project a success.

I cannot avoid mentioning other personalities whose contributions added value to the success of this project. I am thankful to Mr Abraham Herman for his support, my local advisor Mr. Wilson Kofi Agbeke of the University of Education, Winneba, Ghana and Mr. Sammy Buer and Mr. Nyavor Anthony for their contributions in various ways.

Finally, this study is dedicated to my wife, Caroline and the following: Mawusinam, Mawunyo, Mawuli, Mawulom, Mawusi, Mawutornam and Mawufemor whose support and inspirations make this study a success. To my sister Adzoa and my mum, Sarah Mansa Tsikata, thank you for the encouragement and support throughout my field study.

## **ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
EFA	Education for All
CSRPM	Scientific Research into Plant Medicine
FCUBE	Free Compulsory Universal Basic Education
GNCC	Ghana National Commission on Children
HIV	Human Immune Virus
JSS	Junior Secondary School
MOH	Ministry of Health
PLWHA	People Living With HIV/AIDS
NACP	National STDs/AIDS Control Programme
NGO	Non-Governmental Organization
STD	Sexually Transmitted Disease
UNCRC	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNICEF	United Nations Children Educational Fund

## **LIST OF TABLES AND FIGURES**

### **List of tables**

3.1 Research Methods and Informants

4.1 The predisposing factors of the findings and analysis

### **List of figures**

3.1 Research Methods and Informants

3.1 Research Process

5.1 Model for discussion

---

## TABLE OF CONTENTS

ABSTRACT .....	3
ACKNOWLEDGEMENT .....	4
ACRONYMS .....	5
LIST OF TABLES AND FIGURES .....	6
LIST OF FIGURES .....	6
<b>1. INTRODUCTION .....</b>	<b>11</b>
1.1 BACKGROUND INFORMATION.....	11
1.2 RATIONALE OF THIS STUDY .....	17
1.3 THE MAIN RESEARCH QUESTION .....	18
1.4 ORGANIZATION OF THE THESIS.....	18
<b>2 THEORETICAL FRAMEWORK.....</b>	<b>21</b>
2.1 INTRODUCTION .....	21
2.2 CULTURE.....	21
2.3 TRADITIONAL CULTURE .....	24
2.4 MODERN CULTURE .....	25
2.5 TRADITIONAL AFRICAN EDUCATION.....	27
2.6 MODERN EDUCATION OR SCHOOLING.....	29
2.7 MODERN PERCEPTIONS TOWARDS THE EDUCATION .....	33
2.8 RECOGNITION AND POWER .....	36
2.9 CONCLUDING REMARKS .....	36
<b>3 METHODOLOGY .....</b>	<b>39</b>
3.1 INTRODUCTION.....	39

---

<b>3.2 RESEARCH DESIGN FOR THE STUDY .....</b>	<b>39</b>
<b>3.4 SAMPLING .....</b>	<b>43</b>
<b>3.5 STUDY SITE.....</b>	<b>44</b>
<b>3.6 METHODS OF DATA COLLECTION.....</b>	<b>44</b>
3.6.1 Individual interviews.....	45
3.6.2 Focus group interviews.....	46
3.6.3 Observation.....	48
3.6.4 Conversation.....	49
3.6.5 Documentary consultation .....	49
3.6.6 Field notes and diary .....	49
<b>3.7 ETHICAL CONSIDERATIONS .....</b>	<b>50</b>
<b>3.8 VALIDITY AND RELIABILITY .....</b>	<b>50</b>
<b>3.9 DATA ANALYSIS .....</b>	<b>50</b>
<b>4 PRESENTATION OF FINDINGS AND ANALYSIS - INTRODUCTION.....</b>	<b>53</b>
<b>4.1 KNOWLEDGE ON HIV/AIDS .....</b>	<b>54</b>
<b>4.2 SOURCES OF INFORMATION .....</b>	<b>56</b>
<b>4.3 BELIEFS AND ATTITUDES .....</b>	<b>58</b>
<b>4.4 HIV/AIDS EDUCATION.....</b>	<b>62</b>
<b>5 AN INTRODUCTION TO THE DATA AND THEORIES DISCUSSION .....</b>	<b>69</b>
<b>5.2 TRADITION .....</b>	<b>71</b>
5.2.1 The role of the home.....	71
5.1.2 Power relations.....	72
<b>5.3 MODERNITY .....</b>	<b>75</b>
5.3.1 The role of the Schools for the Blind.....	75



---

5.3.2	<i>Caught in-between tradition and modernity .....</i>	<i>79</i>
5.3.3	<i>The situation of the adolescents with visual impairment .....</i>	<i>80</i>
5.3.4	<i>Conclusions.....</i>	<i>81</i>
5.3.5	<i>Recommendations .....</i>	<i>82</i>
<b>REFERENCES .....</b>		<b>83</b>
<b>APPENDIX 1.....</b>		<b>87</b>
<b>APPENDIX 2.....</b>		<b>89</b>
<b>APPENDIX 3.....</b>		<b>91</b>



# 1. INTRODUCTION

## 1.1 Background information

In 2002, an estimated forty-two million people worldwide live with HIV/AIDS (UNESCO 2002). Behind this bare figure are mothers, fathers, sons and daughters. They again have friends, neighbours and teachers. HIV/AIDS affects all of them whether they are infected themselves or not. According to UNAIDS Sub-Sahara is the region with the highest number of HIV/AIDS cases. The picture is especially bleak for the adolescent aged between 15 - 19 years. In some of the worst affected countries in southern Africa adolescent are greatly affected due to sexual abuse (UNESCO 2002). Due to the devastating impact the pandemic has had, everyone is at risk not excluding Ghanaians.

The Ghanaian society of several years ago was not the same as that of today. It is difficult, if not impossible, to understand the Ghanaian cultural beliefs and practices which have consequence on HIV/AIDS without reference to the traditional society (society of yesterday). Therefore the study of the understanding of HIV/AIDS education in a Ghanaian culture: The case of Akropong School for the Blind, as it pertains today, has to take inspiration from what has gone before. Thus there is the need to examine a brief historical background of children with visual impairment.

### ***Brief historical background of children with visual impairment***

Events in history show that children with visual impairment were treated with a lot of contempt. According to Avoke the visually impaired were isolated and in some cases their lives were terminated. The negative attitude to the person with visual impairment stemmed largely from beliefs and cultural practices of the traditional societies that considered individuals with visual impairment as not worth living. Gradually, the killing and the ostracization began to give way to the right of the children with visual impairment to live; hence they were given protection and compassion (Avoke 1997:4).

Today, in Ghana, children with visual impairment face problems caused by their disability depending on the severity. Avoke further states that the commonest problems faced by persons with visual impairment, in the Ghanaian communities, include: isolation, frustration and dependency. The children with visual impairment are educated in a residential setting. The Akropong School for the Blind plays an important role in the South-eastern part of Ghana. The residential school system is basically an example of restricted educational placement. According to Avoke even though the residential school system is appropriate for children with severe handicapping conditions, it removes the children from their families. However the curriculum for the school for the Blind basically follows a similar pattern as curriculum for schools of regular education except with the adapted materials for teaching resource for the blind (Avoke 1997:4).

### ***Educating the visually impaired in HIV/AIDS***

According to Baah (1997), in 1831 Dr. Samuel Gridley Howe, formulated the following principles:

- All children who were blind should be educated and in accordance with their personal needs and the expectation that they can apply such training in their community; for example in the prevention of HIV/AIDS.
- The curricula for schools for the blind should be similar to educational programmes for all other children.

There was deeply rooted supposition that an individual was useless when he had any form of disabilities. In the Dakar Framework, governments and other agencies pledged themselves to “create safe, healthy, inclusive and equitably resourced educational environments conducive to excellent in learning with clearly defined levels of achievement for all” (UNESCO 1991).

It also states that in order to attract and retain children from marginalised and excluded groups, education systems should respond flexibly to situation such as the HIV/AIDS pandemic. According to Baah educating the visually impaired is a right for all, not a privilege. Therefore the rationale was to educate and train the

---

handicapped first of all to enjoy education and secondly to socialize and integrate the handicapped into the world of the able-bodied in order to “foster mutual understanding between the able and the disabled society” in all areas including HIV/AIDS (Baah 1997).

Awumee states that in spite of the historical evidence the persons with disability in the traditional Ghanaian society are still given cause to believe that they are inferior to the rest of the society in all aspects of their of life.( Awumee 1992 in Baah 1997). However, according to Ocloo (1997) a pleasant fact that is gaining ground throughout the contemporary world today is the awareness to certain degree being created by the United Nations of the potentials and the responsibilities of the adolescent with visual impairment. These responsibilities include the ability to cope with HIV/AIDS preventive measures.

### ***Ghana Government position on HIV/AIDS***

HIV/AIDS has been identified as one of the main challenges facing the educational sector in Ghana. In a study by Anarfi (2000) of the University of Ghana, he reviewed the HIV/AIDS situation in Ghana. According to him, Ghana was among the first countries in West Africa which recognised the danger posed by HIV/AIDS and took a decisive step to control its spread. Since the first official AIDS case was recorded in Ghana in 1986, the Ministry of Health (MOH) had recorded a total of 37,298 AIDS cases by December 1999. This implies that between 1986 and 1999, the MOH has been recording an average of about 2,200 AIDS cases annually (Anarfi 2000).

At least, for the first decade of the disease’s presence in Ghana, the government attempted to handle the problem. In 1987, a year after the first AIDS case was discovered in Ghana, the government established the National STDs/AIDS Control Programme (NACP) under the Ministry of Health’s Diseases Control Unit to be responsible for issues relating to HIV/AIDS. NACP was charged with the responsibility of reducing the transmission of HIV infection, and to mitigate the impact of the disease on human suffering. This they do through planning and managing, monitoring and evaluating all co-ordinated HIV/AIDS prevention and

control activities in the country, setting up sentinel surveillance systems to monitor the transmission of the AIDS virus. Also, they provide HIV screening and counselling facilities in all Teaching, Regional and District hospitals, develop educational programmes to create awareness and increase knowledge of the disease to enhance positive behaviour change (Anarfi 2000).

### ***Ghana Government's perception of mode of Transmission of HIV***

According to Ghana National Commission on Children (GNCC) the modes of transmission of HIV in Ghana, is that at least 80 per cent of all PLWHA get it through sexual contact (GNCC 2000:36). To ensure that these projected increases do not become a reality, the government is now taking a more serious approach to combating the disease. As a first step, HIV/AIDS advocacy has been lifted to the highest political level with the formation of a National AIDS Commission chaired by the President Anarfi (2000). All sector Ministries have been instructed to incorporate HIV/AIDS activities into their programmes and to draw a budget line for such activities. A cabinet retreat was concluded recently devoted solely to HIV/AIDS. Even more welcoming is the MOH's efforts to promote Scientific Research into Plant Medicine (CSRPM) at trying to develop herbal medicine that could be used to combat the disease. Preliminary results that have come out are encouraging. It thus appears that Ghana's serious effort at curbing the spread of HIV/AIDS has just began and the best perhaps lies in the future (Anarfi 2000).

### ***Awareness of HIV/AIDS among Ghanaians***

A study done by Ghana National Commission on Children (GNCC 2000) to ascertain the views of young people concerning HIV/AIDS revealed that some of the participants believe: "AIDS is a disease that affects cursed people. These people are cursed because of their immoral attitudes" (Adamu: undated in GNCC 2000).

HIV/AIDS is a threat that stares every one in the face, so it is deemed important to explore the level of awareness in among children and adolescents. Nation-wide HIV prevalence among the population segment aged 5-19 is estimated at 2.3% with the

female rate (3%) being twice as much as that of the male 1.3 % (GNCC 2000:36). Thus, while the HIV/AIDS appears to be working against the health, it is worrying that just a little more than half (57.3%) of the sampled population aged 8-17 years have heard of HIV/AIDS as a problem. The studies further revealed that only a third of the children knew something about sexually transmitted diseases (STDs).

According to UNICEF (2002:75) while it is generally known that transmission of HIV may be affected through sexual contact and blood transfusion, there is evidence to show that, culturally in the traditional setting, many people have misconceptions about how the virus is transmitted through 'eating bad food' touching someone with AIDS, flies or dirt, sharing plates, clothes, talking to or sharing a room with an infected person and witchcraft.

#### ***Adolescents' perception on mode of HIV/AIDS transmission in Ghana***

The GNCC studies show that almost half (49.4%) the number of children said they knew nothing about the mode of transmission of HIV/AIDS; 36.9 % mentioned sexual intercourse, and 7.8% said the mode of transmission was through sharing of blades and needles. Unrelated sources such as drinking unsafe water and buying uncovered street food items were mentioned by 2% of the children, while a little more than half of those who were aware of HIV/AIDS did not know how it can be prevented, about one in four mentioned abstinence from sex as a means of prevention. In addition 8.8% said that by avoiding sharing of blades and other sharp objects the disease can be prevented. Almost 7% identified condom use, while 3.8% suggested keeping to one partner as a means of preventing HIV/AIDS (GNCC 2000).

The study by GNCC in the districts revealed that children living in urban areas were more aware of the HIV/AIDS disease than their counterparts in the rural areas. Most of the children in rural communities in Ghana seemed to have a flawed knowledge of the disease. They could neither tell what the disease was nor how it was contracted (ibid.).

### ***Adolescent and high risk behaviour***

According to Ghana AIDS commission HIV/AIDS is no respecter of persons. Thus everybody is at risk including persons with visual impairment. However the adolescents are vulnerable due to their frequent exposure to high risk behaviour. Risk behaviour has been defined as “those behaviour undertaken volitionally, whose outcomes remains uncertain with the possibility of an identifiable negative health outcome” (Igra & Irwin 1996:35). The degree of volition in high-risk behaviour may be due to external as well as external factors. According to Igra and Irwin adolescents lack adult experience of interacting with the social and the environmental world, and this may affect their judgement especially when they are engaged in decision making. “Cognitive factors such as risk perception and risk-making constitute to risk taking” (Nesbakken 2002:22). It is difficult for the adolescent to imagine images far into their future that are less than ideal (DiClemente and Cobb 1999:494 in Nesbakken: 2002:23)). According to DiClemente and Cobb many studies have shown that the adolescent are more concerned with consequences that affect their immediate lives as opposed to the remote possibility of long term outcomes (DiClemente and Cobb 1999:494 in Nesbakken 2002: 23).

This has an important implication of how or explains why the adolescent does not see HIV as a major threat; a disease that may kill you in ten years or so may be too much of a long term perspective for an adolescent. An adolescent seems to give greater weight to short term, rather than long term potential consequences (Igra & Irwin 1996:42).

### ***Remedies and gaps***

Adolescents and their gatekeepers (parents, teachers, service providers and community leaders) need the necessary information, education and service to promote health and sexual behaviour (UNICEF 2002:72).

Although the Government of Ghana has been doing its part to promote HIV preventive education the result is so far not quite satisfactory. The persons with visual impairment do not benefit much since most of the campaign materials are visual. The



---

need for accurate information and education is a right for all-both the seeing and those having difficulty seeing (UNICEF 2002:73).

Teenagers often learn about sexual matters from peers, sibling and the media, but the information may be limited and may be erroneous (UNICEF 2002:73). Besides often parents do not teach their children about sex matters since the mention of sex is a taboo which connotes immorality in most Ghanaian homes. Thus appropriate instruction tailored to the age and the background of the adolescent, is important for them to gain accurate information or understanding about sexuality, contraception and STD/HIV prevention (ibid 2002:73).

## **1.2 Rationale of this study**

The purpose of this study is to investigate the opinion of the adolescent school children with visual impairment on how they are educated about HIV/AIDS. This is to enable not only their opinions to be heard but also to be incorporated in future policy formulation. My professional rationale for this study is the enormous challenges that HIV/AIDS poses for human development, the potential roles of the traditional culture (tradition) and the formal school (modernity). My personal role is that I have long been a teacher of children with visual impairment in a residential school and have realized that even though the children with visual impairment live both in the school and the community conscious effort is hardly made to make them aware of preventive measures of HIV. Some of the Ghanaian traditional belief is “AIDS is a disease that affects cursed people. The people are cursed because of their immoral attitudes” (GNCC 2000:36 quoting Adamu). Many studies have been done on HIV/AIDS awareness but little has so far been done on cultural aspects and behaviour change in Ghana. Hence I will focus on the understanding of HIV/AIDS in this study; not only having the knowledge - one thing having the knowledge, the other thing having the understanding.

### 1.3 The main research question

The research question was formed on the basis on the reports of high risks level of HIV/AIDS pandemic among Ghanaians in general and the adolescent in particular. Hence the overall aim of this study is to examine:

*How are the Ghanaian adolescent pupils with visual impairment educated about HIV/AIDS?*

#### **Sub-questions:**

- 1. How effectively is HIV/AIDS prevention promoted to educate pupils with visual impairment within a Ghanaian culture?*
- 2. Which consequences have the visual impairment on the understanding of the preventive measures of HIV?*

### 1.4 Organization of the thesis

This study has been organized as follows:

Chapter one attempts to present the background to the study, the rationale for the study, the overall aim and research questions that guide the research

Chapter two presents the theoretical framework on tradition and modernity and literature on attitudes towards persons with visual impairment.

Chapter three contains the methodology chapter describes and discusses the process of this study. The areas presented include research design sampling data collection, ethical considerations, issues related to validity and reliability and data analysis.

Chapter four provides the presentation and analysis of data from the perspectives of the informants. General impressions arising from the analysis of the results are conferred and the presentation of the emerging subcategories is also presented.

Chapter five focuses on the research discussions of the research findings, conclusions, recommendations

In the next chapter I will examine the theoretical framework of this study which discusses the concepts of tradition and modernity.



## **2 THEORETICAL FRAMEWORK**

### **2.1 Introduction**

This chapter attempts to explore the theoretical aspects important for the understanding of the topic of this research. I dilate on the interplay of tradition and modernity. Thus my procedure in this study is to focus on the concept of traditional culture and to follow it with the main features of modern culture so as to make the understanding of the study explicit. Due to the fact that the notion of tradition and modernity is difficult to define and interpret in ways that will be acceptable to all cultures and societies of the world, for purpose of this study, I will focus on the definitions given by Gyekye (2000), Giddens (2004) and Nukunya (2004). As a starting point, I will examine the concept of culture and follow it with traditional culture and modern culture. I will also highlight on the features of traditional and modern education relating them to the education of adolescent children with visual impairment and the recognition given to them in the process of their education specifically on HIV/AIDS.

### **2.2 Culture**

Culture is a very broad concept, and for the purpose of this study, my focus is on culture as “a system of shared ideas, concepts, rules and meaning that underlie and are expressed in the way that people live” (Keesing 1981 in Stephens 1998:7). The culture of a people therefore is the sum total of their activities, attitudes and plan for the future. There could be many reasons why traditions connected to culture have developed differently from place to place. People stick to traditions in culture because they find them valuable and functional. According to Stephens (1998:7) culture exists on both individual and social levels, being concerned with what particular individuals think and do and also with what a society considers important and meaningful. If culture is about individuals and societies and is concerned with ideas and beliefs held

by those individuals, personally and collectively leading to the way such people are described and evaluated there is the need therefore to examine beliefs and attitudes.

### ***Beliefs and Attitudes***

The kind of knowledge that people have and their past experiences are likely to form determinants of eventual beliefs and attitudes (Malambo 2006:130). It is easy to carry out certain campaigns in countries or communities where majority of the population have a similar state of mind. Malambo illustrates that taking an example from some countries in the North it is easier to tell the population that virus causes AIDS because most of the people are in scientific state of mind and they understand and know what a virus is. Taking the extreme case of countries in the South, majority of the people could still be in the theological or metaphysical states. Such that telling them there is virus called HIV which causes AIDS would be unconvincing to some people especially those in rural or traditional communities (Malambo 2006:130). Malambo believes that these explanations would be more unconvincing to people with strong traditional beliefs about the disease being caused by evil spirits and witches. Malambo further states there are religious people who believe that God saves the faithful and punishes the sinners through many ways, one of them being incurable disease (ibid). Having explored beliefs and attitudes I will now examine cultural relativism.

### ***Cultural Relativism***

Cultural relativism describes the practices of a society from the point of view of its people. It is an anthropological approach which posits that all cultures are of equal value and need to be studied from a neutral point of view (Garbarino 1997:50).

Garbarino explains that it is the view that all ethical truth is relative to a specific culture. He further points out that beliefs, aesthetics, morals and other cultural items can only be judged through their relevance to a given culture. According to Gyekye (2000:7-9) cultural relativism states that there is no single understanding of human rights, and that each culture has its own unique interpretation of what is considered acceptable behaviour and what constitutes abuses. Even right or wrong must be

judged not as absolutes, but within specific contexts which differ according to variations in cultural settings (Garbarino 1977:50). Also, there is no good and bad, inferior and superior culture. This implies that cultural relativism dictates that it is never true to say simply a certain kind of behaviour is right or wrong; rather, it can only be true that a certain kind of behaviour is right or wrong relative to a specific society. The view is also held that the theory promotes tolerance, because it implies that one ethnic group must have respect for the culture of another group, despite differences between them. Cultural relativism emphasises that people like and continue the way of life they grew up in, regardless of what it might seem, to those raised up in another tradition (Garbarino 1977:50).

However it could be argued that cultural relativism places less emphasis on the dynamism in our culture. I will argue that some of our old practices need to be shed or reformed in relation to the fast transformations world cultures are moving through due to globalization. A re-evaluation of our values and norms to suit the present needs will also demand that a true understanding of our culture which has to be compatible with present needs; thus the need of hybridization of traditional culture and modern culture. Gyekye (1997: 235) states that the revival of a people's cultural heritage, will lead to mental liberation. According to him, the content of tradition must be given a critical look from time to time. Gyekye further argued that the critical examination of a tradition is not necessarily intended to subvert its root and branch. The purpose of this critical attitude is, rather, to refine the inherited tradition, from the normative perspective of a present generation; in order to market that tradition may be more presentable to contemporary cultural taste (Gyekye 1997:222). I now examine traditional culture.

## 2.3 Traditional culture

According to Gyekye tradition refers to:

Any cultural product that was created or pursued by the past generation and that, having been accepted and preserved, in whole or in part, by successive generations, has been maintained to the present (Gyekye 2000:221).

Gyekye explains that tradition has to do with past cultures which the new generation view as worthwhile and adopts into new culture. It can be discarded as the next generation does not see its utility. He further writes tradition is not stagnant; it continues to change as customs develops. This indicates that societies that are called modern (at least some of them) are not obstacles to development (Gyekye 1997:217). According to him the conception that may give the impression that modernity is in polarity with tradition is false. The point is that every society in the modern world has many traditional vestiges inherited and accepted from previous, that is, the “pre-modern”, generation. For instance, even among the modern societies today people do talk of “our tradition of so-and so,” people do consider some ways of behaviour as their traditional culture or practices, so traditions are not irreconcilable with modernity (Gyekye 1997:217). Since traditions are the inherited, acceptable cultures of the past generations, some of the modern cultures today, that the future generation may consider as good, useful and acceptable are likely to become the traditional cultures of the future modern generations.

African societies of pre-colonial era were labelled as “traditional” (Nukunya 2004:6). The term traditional society is used to mean a society characterized by the type of domination based on belief in legitimacy of an authority that has always existed. Those exercising authority do so by virtue of inheritance. They exercise legitimate commands because they are in conformity with their customs. “People subject to their command obey out of personal loyalty to the master or pious regard for his time-



honoured status” (Nukunya 2004:6). In African traditional system rules about acceptable behavioural patterns are meticulously observed and transmitted from generation to generation. It is non-literate and therefore innovations are drastically limited if not circumscribed. Aspects where change do occur, they are almost invariably made to solidify existing social order (Nukunya 2004:7). The African traditional society is one in which children learn primarily from their fore bearers; the past of adult is the future of new generation and blueprint of culture is essentially complete and unchallenged by foreign models. In the absence of documentation of the past, the perception of what is new is denied by the “elders who edit the version of the culture that is passed on to the young” (Mead 1970:17 in Nukunya 2004:7). I now examine modern culture.

## **2.4 Modern culture**

According to Giddens we are living in the globalization of modernity. We are reorganizing time and space in a way that presupposes all to possess some universal skills that can explain the character modernity, when it meets traditional established life. Again those changes can be understood as a way of devaluing people’s aspects of daily life. Traditional cultures today that have created a feeling of stability, depending on indigenous knowledge systems only, is no longer possible to implement in modern times (Giddens 2004:3-5). The post-traditional people living in or near urban areas have been influenced by modernity. From a distance and through mass media they may have been watching this new world of different realities. This may promote thought about lifestyle possibilities leading to self development (ibid).

### ***Modernity***

Giddens states, "modernity is a post-traditional order, but not one in which the sureties of tradition and habit have been replaced by the certitude of rational knowledge" (Giddens 2004:2-3). Also, Gyekye (1997: 235) defines modernity as, “the ideas, principles, and ideals covering a whole range of human activities that have underpinned Western life and thought since seventeen century.” Gyekye adds that

modernity is essentially linked to Western cultures; it was and is culturally dependent. It is essentially the intellectual basis of life in the Western world which is marked by scientific, technological, and industrial revolution between the seventeenth and eighteenth centuries. The notion of modernity may create the impression that modernity represents a break with tradition and is thus irreconcilable with it. According to Gyekye (1997) such impression is false. Firstly, modernity unavoidably contains elements that are clearly traditional, inherited, and appropriated from previous generations. Next, modernity in its evolution must have elements of other cultural traditions (Gyekye 1997:236).

According to Giddens (1993) modern institutions differ from all preceding forms of social order in respect of their dynamism, that is, the degree to which they undercut traditional habits and customs and their global impact. Modernity radically alters the nature of day-to-day social life and most personal aspects of our experience. Gyekye (1997) agrees with Giddens (2004:16) that the modern world is often characterized as being dynamic and in a continuous process of modernization. Gyekye further states that modernity is looked at as being scientific, technological and industrial and as a result people are made to believe that the modern world is future oriented, culturally progressive and urbanized. The modern culture aims at the development of the society to meet the challenges ahead. On the other hand the traditional culture is local and less developmental, and only requires some practical skills to enable a child to fit into it (Gyekye 2003:238).

However, Gyekye argues that modernity is not entirely irreconcilable with tradition in as much as modernity contains many elements of previous cultural traditions. According to him, even though modernity developed from Western cultures its products have become the common heritage of humanity. He also observes that not all aspects of Western modernity is necessarily attractive to non-Western cultures because certain features of modernity, as conceived and pursued in Western societies such as secularism and extreme individualism, would not be endorsed and cherished by non-Western societies (Gyekye 2003:172). He further explains that modernization

is the revitalization or refinement of some of the traditional inheritance systems by getting rid of those features that are deemed irrelevant from the perspective and experience of the contemporary world. He also believes, in some situations, it may mean complete abandoning and replacing the unacceptable ways with the current and more preferred system that is not necessarily a Western type but a new type that is produced locally or has aspects borrowed from other cultures be it non-Western (Gyekye 2003:172).

Gyekye is also of the notion that modern education is associated with Westernization. Therefore it is looked at as being rationalistic and individualistic. He thinks it requires individuals to be knowledgeable, skilful and self-reliant. It challenges ignorance and poverty. Gyekye further states that modern education therefore aims at providing the necessary training facilities and learning resources to establish literacy among people. It also aims at the development of necessary technical skills among the people for self-reliance (Gyekye 1997: 275). After having insight into both tradition and modern cultures, there is the need to examine traditional African education followed by modern education that has helped me deem these topics relevant to this study.

## **2.5 Traditional African Education**

According to Fafunwa traditional African education, among other things, aims at inculcating respect in the child for adults and educating the child to appreciate and promote cultural heritage of the community; therefore education in African traditional setting cannot be separated from life itself (Fafunwa 1974:20). Education in African traditional setting is tied with social life in both material and spiritual sense. It is a natural process by which a child gradually acquires knowledge and attitudes appropriate to life in his or her community. In pre-colonial setting such education was very effective within the borders of the tribe (Abdu Moumouni 1968:29).

### ***Education in traditional Ghanaian society***

In traditional African societies, communal life is held as natural to the human beings.

Traditionally children are educated by their parents, community leaders and their peers (UNESCO 1993). Thus even though the upbringing of the child is the direct responsibility of parents in practice, all adults and the adolescents are involved in the process (Nukunya 2004:162). As a matter of fact the entire community take part in the socialization or education process of the child.

In Ghana, a key to understanding traditional society is kinship (Nukunya 1992 in Stephens 1998:38). Stephens points to how a child is not born 'free' to be able to make his or her own way. He further states that the ties of social relationship derived from consanguinity, marriage and adoption, mean that from the moment of birth a child enters a human society; he or she is governed not only by specific rule and patterns of behaviours but by sets of reciprocal duties, obligations and responsibilities (Nukunya 2004:162).

He adds that writing about a child born and growing up in a Western or European environment is relatively straightforward – an entry into a nuclear family with attendant grandmothers, uncles, aunties and cousins and so on can be assumed (Stephens 1998:38). Nukunya (2004:162) is of the view that the advantage of the extended family system is most evident in the area of socialization of children. According to him, though the upbringing of the child is the direct responsibility of the parents, in practice it is not so. Whether the mother is around or absent it does not really matter that the child will be without the necessary care, sanctions or instructions. Traditionally, a child who needs attention of any sort outside his or her house will get this from a relative passing by. This therefore has consequence for the socialization of Ghanaian children since the upbringing of children is not only the responsibility of the parents (Nukunya 2004:162).

## 2.6 Modern education or schooling

A very positive gain over the last two decades that promised better lives for children with disability and families (especially in Africa) is blind's attendance at school in greater numbers and to higher levels. The fundamental thing is education and when persons do not go to school, in their parenthood they will not have the knowledge they need to bring up their children (Nukunya 2004:134-135). Yet several challenges remain, among which are some traditional cultural practices. Nukunya expresses that through the acquisition of literacy and numeracy and whatever the individual learnt from school environment as a whole, his or her entire world-view is widened. These pupils know about foreign people and can communicate relatively freely with people outside their immediate environment. These individuals will write and read their own letters and also read novels and newspapers to still further their outlook. The more the people read the more knowledge they will acquire and the greater the influence on their outlook (Nukunya 2004: 135).

According to Nukunya, the influence of formal education in widening the outlook of the individual, has profound implications and far reaching repercussions not only for the authority structure of the family but also for the socialization process. In the traditional society, age and to some extent, status and experience which usually used to go together were the main determinants of authority, influence and respect. He further states that with the individuals newly acquired knowledge, however, his or her influence and position in the authority structure have received a big boost. Thus the formal education has profound consequences on the socialization process of the child (Nukunya 2004:135).

### ***Development of knowledge through education***

Knowledge is not passively received, it is constructed. According to Vygotsky, "Knowledge is a social construction which is developed and learned through social interaction" (Donald et al 1997:41). Individuals are active agents who are making meaning of their lives within and through the education. According to Vygotsky the education or the social context, including ways of life or cultural patterns, influence

how children develop. Through interaction with significant others according to Vygotsky, children construct shared meaning. Thus parents, peers, teachers and others become crucial mediators in a child's cognitive development and education (ibid:49).

Vygotsky's emphasis on parents, peers, teachers and others all having significant potential roles in the process of mediation, have important implications. All of these interactions take place anyway. How they take place is the issue. The process of education needs to involve all of them more intentionally and effectively (ibid: 51).

Cognitive development is interlinked with development of knowledge. This has theoretical implication for the education of the visually impaired as they develop knowledge through social interaction at home or through traditional education, and at school or modern education. According to Vygotsky the approach should consider the role of parents, teachers and peers in mediating knowledge and thus education.

### ***The role of modern education***

A method of developing knowledge could be using modern education, and in this context, the approach for educating the adolescent with visual impairment about HIV/AIDS is prevention as well as trying to encourage behaviour change.

Whether one looks at teaching and learning in the classroom as a way of mediating behaviour through increased knowledge or as a way of mediating through affecting social norms and addressing contextual factors important for behaviour, education should be regarded as an essential part of HIV/AIDS prevention. Theories on adolescence sexuality and behaviour change all identify various developmental needs to education. For a school based teaching/learning experience it is important that a proper understanding of the special needs and the vulnerability of adolescents are reflected. Therefore there is the need for individual adaptation.

***Individual adaptation***

The concept, individual adaptation, refers to planning teaching and learning strategy which is suitable for the needs of individual pupil. According to (Johnsen 2001) the principle of suitable adapted education in the inclusive school makes great demands on both ordinary teachers and special needs educators. It requires a major shift from traditional “teaching all the pupils the same content”, to teaching each and every child in accordance with their individual needs, but in a class setting,

The pupils have various levels of mastery, communication and learning strategies anxieties and fears. Some have special needs for support for various reasons. There might also be different learning barrier needs for support because of difficulties or impairments, like reading difficulties, physical or sensory-motor disabilities, developmental impairments or a mixture of several disabilities combined with other causes.

***Teaching Pupils with Diverse Learning Abilities***

All children can learn and do learn and teachers encourage learning by understanding the teaching-learning process. All pupils regardless of affective, psychomotor or cognitive levels can learn. Teachers must recognize the needs of each child and develop an appropriate learning plan that helps the pupil develop skills and knowledge that will assist in addressing daily and future tasks and activities in the school, home and the community. Pupil’s learning is influenced by their environment and the fact that certain conditions do influence a child’s ability to learn.

Pupils can be influenced by a variety of developmental and environmental conditions that affect the manner in which they learn, behave, and perform. Each pupil is different; however, similarities do exist among pupils. For the pupil to be successful, the teacher must understand these educational, diverse, and behavioural differences that impact learning.

***Scaffolding technique***

Just as builders rely on the support of wooden scaffolds to assist them in reaching

towering heights, the technique of scaffolding is often used to help pupils reach goals that may have seemed out of reach. A method of developing knowledge could be using modern education and in this context is the approach for educating the adolescent with visual impairment about HIV/AIDS prevention as well as a method of trying to encourage behaviour change.

Whether one looks at teaching and learning in the classroom as a way of mediating behaviour through increased knowledge or as a way of mediating through affecting social norms and addressing contextual factors important for behaviour change, education should be regarded as an essential part of HIV/AIDS prevention.

For a school based teaching/learning experience it is important that a proper understanding of the special needs and the vulnerability of adolescents are reflected. A sound development must be encouraged allowing space and an environment for natural risk-testing behaviour during the period when adolescents develop understanding of adolescent sexuality (Nesbakken 2003:33-34).

The school is an important place for implementing HIV/AIDS prevention efforts and developing knowledge on sexuality. It is the essential part of most adolescents' lives and activities in Ghana. Education on sexuality and HIV/AIDS should be commenced as early as possible. Individual and group norms are deeply rooted and need to be addressed at early ages (Crewe 1997). Sexual problems in society need to be tackled at many different levels and the school level may be functional. Teachers and pupils are not detached from their social context.

Teachers' (including parents, peers and others) mediate the accumulate knowledge, skills, values and understandings of their society and immediate context. Learners also bring knowledge, skills values and understanding to the teaching/learning situation from their own particular social contexts (Donald et al 1997:62).

Thus, what is taught in the schools cannot be separated from the systems surrounding the pupils. According to Nesbakken, researchers debate the impact education provided in schools has on the sexual activities of adolescents, though some studies have found a delay in early onset of sexual activity resulting from interventions



(Nesbakken 2003:33-34). DiClemente & Cobb state that theory-based intervention including life skills training and addressing pervasive peers, social and media pressures, can be effective:

Moreover, programs that are culturally sensitive, developmentally appropriate and gender specific are more likely to be effective in reaching their intended target audience and creating an environment conducive to behaviour change. While modify adolescents' sexual behaviour has posed a formidable change, evidence developed incrementally over the past decade, spurred by the emergence of HIV disease, suggest that reducing sexual risk behaviours and their adverse sequelae is achievable ( DiClemente & Cobb1999:503 in Nesbakken 2003:33-34).

It is important to underline the importance of the content of the teaching. Drawing on Social Cognition Theory, DiClemente & Cobb underline the importance of teaching individual self- efficiency and sexual negotiation skills (DiClemente & Cobb 1999: 501 in Nesbakken 2003:34). Kelly, underlining a more holistic approach, states that curriculum content should include productive health and sex education; HIV/AIDS in the community; psycho-social life skills; human rights; relationship and responsibilities (Kelly 2000:41 in Nesbakken 2003:34). Theories on adolescent development, sexuality, behaviour change and education underline many similar aspects, they strongly state that adolescents are a particularly vulnerable group when it comes to engagement in high-risk sexual behaviour. They identify how contextual factors and special peer pressure may play a significant role in influencing behaviour. Education has an important role in the lives of most school going adolescents, and may play a significant role if it manages to address issues important to the development, learning and behaviour of the individual as well as the surrounding and the community. I now examine modern perception towards education.

## **2.7 Modern perceptions towards the education**

The Government of Ghana (representing modern culture) has focused most of its educational equity efforts at the basic level of education in order to improve the access and participation rate of the persons with visual impairment at Primary and Junior Secondary School levels. The Ghana Education Service has created awareness

of the need to send the child with disability to school. Consequently, the 1987 Educational Reform ensured that the pupils with visually impairment have access to the same curricula (Casely-Hayford 2001:14) as the sighted. According to her, the Free Compulsory Universal Basic Education (FCUBE) considers children with disability as one of its key areas of concern. Many of the existing policy recommendations and line of action would greatly reduce the barrier to education of children with visual impairment. For example barriers to the education of visual impairment could be reduced through the reformation educational system by way of hybridization of acceptable traditional practices and modern education; since education is a fundamental human right (Casely Hayford 2001:14).

### ***Education as a fundamental human right***

Education is a basic human right, important to personal and societal development and well being. UNICEF (2003) believes that all children deserve education based on a right-based approach and rooted in the concept of equality. Education enhances lives and to a very large extent ends generational cycles of poverty and disease and provides the means for sustainable development. Education will equip persons with visual impairment with knowledge and skills needed to adopt healthy lifestyle, to protect themselves from HIV/AIDS and other sexually transmitted diseases, and to take an active role in social, economic and political decision-making (UNICEF 2003). The Universal Declaration of Human Rights 1948 asserts that everyone has a right to education. However, some vulnerable groups such as the persons with disability are denied this fundamental human right. Gundara believes that pervasive discrimination against the marginalized denies their possibility of competing on fair and equal grounds to attain not only an equality of opportunity but also an equality of outcomes (Gundara 2000:28).

### ***The UN Convention on the Rights of the Child***

The UN Convention on the Right of the Child (UNCRC1989) has basic principles including those on education. The principles make specific reference to the children with disability. UNCRC (1989 in Casely Hayford (2002:27) mentions the right of the

child to education in Article 11(1) of the Draft Charter on the Rights and Welfare of the African Child; it is obligatory on the part of Ghana as a member of the UN to uphold the provision of the UN Convention for the pupils with visual impairment to fully benefit from education.

### ***The Constitution of Ghana***

The Article 25(1) of the 1992 Constitution of Ghana provides that all citizens of Ghana should have equal access and educational opportunities. Likewise the Constitution guarantees the fundamental human rights and freedom of all citizens including persons with disability (Article 12 (2) of 1992 constitution).

### ***The World Declaration on Education for All***

In the Declaration that emerged from the Dakar conference both developing country governments and agencies committed themselves to the goals of ensuring basic education for all children by the year 2015 (UNESCO 2002). In relation to marginalized groups, there was a greater emphasis on removing barriers promoting education of persons with disability (Stubbs 2002: 12). In the Dakar Framework, governments pledged themselves to “create safe, healthy, inclusive and equitably resourced educational environments conducive for excellence in learning with clearly defined levels of achievement for all” (Stubbs 2000:12). Education systems must be inclusive, actively seeking out children who are not enrolled, and responding flexibly to the circumstances and needs of all learners. According to Johnsen in the last forty to fifty years attempts have been made to make education accessible for all children. Attempts were made to introduce changes as a result of local, national and international discussions, conferences, declarations and conventions. Change of attitudes towards persons with disability was aimed at leading towards practical consequences (Johnsen 2001:28). This change of attitude leads to the type of recognition given to persons with disability. The critical question is what type of recognition is given to the persons with disability? Has the person with visual impairment the power to decide on issues affecting him or her? In the next section I will examine issues concerning recognition and power.

## 2.8 Recognition and power

### *Recognition*

To have dignity, means to have a sense of being worthy, of possessing creative, inventive and critical capacities, of having the power to achieve personal and social change. When dignity is damaged, ones deepest experience is that of being inferior, unable and powerless (Cohen 1986:48).

The above quote presupposes that self esteem can be met through respect or recognition from others. Taylor argues that all cultures in multicultural society should be credited with equal worth. Public recognition as equal citizens may require two forms of respect:

- respect for the unique identities of each individual and
- respect for those activities, practices and ways of viewing the world that are associated with members of disadvantaged groups (Taylor 1994:9).

### *Power*

Kelvin's concept of power seems to me relevant to this study. Kelvin (1971) refers to power as a situation in which the behaviour of one individual is at least partly determined by the action of the other. According to Kelvin (1997) the more powerful individual usually influences the less powerful through "fate-control" or "behaviour-control". (Kelvin 1991:170-173).

## 2.9 Concluding remarks

In this chapter, I have examined the theoretical framework which I will use to discuss both my empirical findings and documentary consultation for this study. I have attempted to explore the concept of culture and have focused on traditional and modern cultures. Besides, I have highlighted the features of traditional education and modern education or schooling relating them to the education of adolescent children with visual impairment. For the visual impaired to really understand the issues of HIV/AIDS, the home or the traditional seeing and the school or the modern setting

need to co-operate during the process of educating the adolescents with visual impairment. I have also attempted to present the power issues about the type of recognition given to the pupils with visual impairment because such recognition could have consequence in their learning process both at home (traditional education) and in school (modern education). This could consequently have an impact on their understanding the issues of HIV/AIDS.

In the next chapter, I will present and discuss the overall methodological framework used the study.



## **3 METHODOLOGY**

### **3.1 Introduction**

This chapter presents and discusses the overall methodological framework employed in this research. Also, it presents information about the research design used, description of the target population, sampling, data collection methods and instruments used. In addition the pilot testing of instruments, the main study and the general data organisation are discussed. In an attempt to aid the reader to focus on the procedure of this study, the research process design is presented diagrammatically in figure 3.1. refer to appendix 1.

### **3.2 Research design for the study**

In order to have an in-depth study of the understanding of the school HIV/AIDS prevention in the Ghanaian culture a case study design was found to be suitable. The methodology used in this thesis and the design of the study as well as the approach used in getting the information and my own reflections on the interpretation and analysis undertaken are discussed. Silverman (2000:88) states that methodology is the “general approach to a research topic.” Due to the complexity of the pandemic, I have decided to choose a qualitative research approach with a case study design. This is due to the fact that my research requires understanding of people’s culture and behaviour change. The next section examines the importance of the choice of the qualitative research approach for this study.

#### ***Case Study***

In order to have an in-depth study of how the adolescent pupils are educated about HIV/AIDS in the School for the Blind a case design has been found to be suitable. According to Yin (1994) the distinctive need for a case study arises out of the desire to understand complex social phenomenon. “...the case study allows an investigation to

retain the holistic and meaningful characteristics of real-life events - individual life cycles..." (Yin 1994:3). A Case study research deals with the in-depth study of instances of a phenomenon in its natural context and from the perspective of the informants involved in the phenomenon. As stated earlier, this study is not interested in number of participants who are similar but it is interested in gathering in-depth data from diverse of informants. This study stays away from numbers and experiments as is the characteristics of the quantitative research.

### 3.3 Qualitative methodology

The search for knowledge in educational research has been characterized by two different views of social sciences: the positivist and the interpretative view. The quantitative methodology's argument is based on the positivist tradition which is used in the natural sciences. It relies on the scientific search for cause and effect. The positivistic paradigm is characterized by numerical and measurable quantities and objective, universal definitions, often much associated with the physical sciences. It is assumed that the social world can be studied in the same 'objective' and value-free manner as the natural world. On the other hand the interpretative view is based on a qualitative paradigm which is characterized by reflexivity, subjectivity and particularity. The positivists have been criticised that there is a basic difference between studying natural objects and human beings, because human beings themselves interpret situations and give meanings to them (Ary et al. 1996; Cohen et al. 2000; Creswell 1998; Neuman 2000).

The interpretation of the text elicited from this study was mainly in the form of interviews with the adolescent school pupils with visual impairment, teachers, a School leadership and an Education authority and parents. Thus the interviews served as an access to knowledge in this case. Even though Silverman (2000:1) affirms the conception that human perception are better studied using the qualitative research approach, there are situations whereby it becomes complex in deciding on either the application of the qualitative or quantitative research approaches, especially when



investigating social issues like education which could be investigated by any of the two approaches or both at the same time.

However the choice of the methodology could be influenced by “how one would like to approach the complexity of finding an answer to the research question” (Chaudhary 2002:23). Chaudhary quoting Miles and Huberman thus states, “knowing what you want to find leads inexorably to the question how you will get the information” (Miles and Huberman 1994:42 in Chaudhary 2002:23). As my investigation was concerned with understanding HIV/AIDS in a Ghanaian cultural context, it is therefore my belief that the answers I seek from the studies could be obtained through interviews with the interviewees, and conversation in their natural setting, observation and documentary consultation. However, I am not unaware of constraints associated with the qualitative research.

### ***Constraints of the qualitative research approach***

It has been indicated earlier that the qualitative research is suitable for conducting a study which aims at the understanding of any phenomenon associated with human perspectives. However this methodology has been criticised for the following weakness as indicated by Natana (2004:30) who quoted other qualitative researchers.

- Interviewees could falsify facts, causing danger in the justification of the knowledge acquired. For example when discussing sensitive issues such as, is the use of condom a taboo?
- Interviews and observation could be subjective which could be misleading (Bernstein 1974 in Natana 2004: 30). This means my own biasness could influence the research findings.

The proponents of the qualitative research approach mostly cite these criticisms, however, there is no doubt in saying that the qualitative research methodology has been recognised as another authentic means of generating scientific knowledge (Eisner and Peshkin 1990:3 -4). In view of this assurance and the advantages cited above, I felt that the use of the qualitative research approach would be appropriate for

conducting this study. The approach enabled me to get directly involved in the collection of the data and have contacts with my informants. More-so the criticism against the qualitative research approach challenged me to be cautious during the data collection process. I am therefore not unaware of the fact that the choice of the qualitative methodology falls within a situation which my role as a researcher is vital, because I hail from the area of study; hence the need to bear in mind subjectivity and reflexivity.

### ***Subjectivity and reflexivity***

The choice of the qualitative approach is within a situation with which I have close and personal relationships. It is expected that my 'voice' plays a significant role in the interpretation of the data. To cap it all, I have been a teacher for the Blind for a long time. How will my beliefs, values, cultural and social background, gender and knowledge affect my views of the informants and the information they provided me with? Hence, it was necessary to acknowledge from the onset my role in this research and my perceived bias as an insider in the phenomenon which I undertake to study. According to Miles & Huberman (1994:8) researchers have:

their own understandings, their own convictions, their own conceptual orientations; they, too, are members of a particular culture...also they will be undeniably affected by what they hear and observe in the field often in unnoticed way (ibid).

Even though I have tried to keep an open mind to listen to the story of the informants I will not like to pretend that my own voice is not loudly presented being an insider.

### ***Being an insider***

Being an insider or outsider during a research process could be defined in terms of the role the researcher plays in a particular situation. An insider can be someone of the same language, the same ethnic group, or the same profession (Kane 1995: 97). I consider myself as an insider during the data collection process in Akropong-Akwapim because I have lived in the area for many years. However I believe my

background helped me to win the respect and trust of my informants. I became approachable and the informants felt free to answer my questions and also conversed with me, all these I believe, will strengthen validity and reliability of this study.

### **3.3 Phenomenon of this study**

The phenomenon of this study is the education of adolescent pupils with visual impairment about HIV/AIDS. Hence I will look at the phenomenon from informants' point of view. In view of this I will do purposeful sampling and since this is a qualitative study the sample size is small as opposed to survey which is interested in large number. The purpose of selecting small number is to develop a deeper understanding of the phenomenon being studied in order to discover new knowledge Creswell (1998:61). A case study is an exploration of a bounded case through detailed, in-depth data collection; rich in context. By this, it implies that this case study is located at the geographical area of the eastern of Ghana and is bounded by a limited number of informants providing the data for the study. I am interested in information-rich cases in order to come out with description or the most information rich of each case not on a lot of cases. Hence the study gathered data from the adolescent pupils with a visual impairment, teachers, parents, an Education authority from the Ghana Education Service, Special Education Division and a School leadership.

### **3.4 Sampling**

Informants were selected from three population groups consisting of the pupils with visual impairment, teachers and the parents. As mentioned earlier, the sample size in qualitative studies is physically small (Gall et al 1996), the reason being that the cases are selected to develop an in-depth understanding of the phenomena under study. As a result, a purposeful sampling which is sampling of cases that are likely to be 'information-rich' was used for selecting the participants for this study. The selection of sample for the present study has been based on the following criteria:

- Six adolescent pupils with visual impairment (three girls and three boys. age between fifteen to nineteen years)
- Four Teachers
- Four Parents
- Five adolescent boys (in focus group interview)
- Five adolescent girls (in a focus group interview)
- Two information-rich participants (an Education authority and a School leadership)

### ***Key informants***

Key informants are individuals who have special knowledge or perceptions that would not otherwise be available to the researcher, and have more knowledge, better communication skills or different perspectives than the sample (Gall et al. 1996).

Two groups of key informants were identified from whom supplementary data was collected through interview and informal discussions.

## **3.5 Study sites**

The study area chosen is basic Junior Secondary School residential school for the Blind Akropong-Akwapim Ghana in the Eastern Region of Ghana. This is due to the fact that from reports Eastern Region is the hardest hit as regards the HIV/AIDS pandemic in Ghana. I have decided to choose the School for the Blind and Akropong-Akwapim Township as sites for my case study, in order to highlight the phenomenon under study.

## **3.6 Methods of data collection**

As regards the actual collection of data, I used interview as the main method in addition to ordinary conversation, observation and documentary consultation. The

reason for choosing different methods was that they might be complementary to each other, throwing light and information on various aspects of the research. For example, while some methods give a broad picture for instance observation and informal conversation, the interviews provide a more in-depth view. Refer to a table on research methods and informants table 3.1 at appendix 2.

The data collection involved individual interviews, group discussion, observation and ordinary conversation. Audiotape recordings and notes were taken as an aid to both the interview and analysis. In my interview with the pupils I involved both Junior Secondary School adolescent pupils with visual impairment. Conversation with children with visual impairment helped me to cross check the validity of the data.

### ***Pilot testing***

Having developed the interview guide in Oslo, testing of this instrument was carried out in one of the basic schools in Ghana to assess the suitability of the research instruments. The pre-testing was important to test the interview procedure, interviewing techniques, establishment of rapport and familiarity with the recording equipment that is the tape recorder.

A basic school was selected for the testing of instrument. Two special educators were selected together with a School authority as a key informant. After the interview, the participants were requested to give suggestions for adjustment of the interview guide and the interview procedure. A few suggestions were made about re-framing some of the questions in the interview guide. Refer to the interview guide at appendix 3.

### **3.6.1 Individual interviews**

The individual interviews with which data was generated in this study are semi-structured - between the interviewees and me around the theme, “how the adolescent pupils with visual impairment are educated about HIV/AIDS”. According to Kvale (1996:14) “An interview is literary an inter view, an inter-change of views between two persons conversing about a theme of mutual interest.” This human interaction is

designed to establish knowledge about how people understand the world, about their beliefs and actions.

Individual interviews vary according to content, such as seeking factual information, or opinion or attitudes (Kvale 1996:101). An interview as a research tool may range from structured interviews, in which questions are asked and the answers are recorded on a standardized schedule, through less structured interviews in which questions may be modified or added; to entirely informal interviews based on key issues raised in a conversational way (Cohen and Manion 1985:291).

Kvale (1996) explains that semi-structured interviews differ from structured interviews in that there is certain openness to changes of sequence and forms of questions. An attempt was made to obtain detailed description of specific situations and actions as well as the meaning of the described phenomena.

### ***Challenges to be encountered***

Some of the challenges encountered during the interviews were:

- Interviews consume more time, especially when interviewees fail to keep time or give excuses for not turning up. Some of the parents could not keep to time agreed upon.
- There could have been for example, poor recall of facts or falsification of facts, (Sarantakos 1998). The testing of the instruments enabled me to minimize some of the challenges in the main study

.

### **3.6.2 Focus group interviews**

Considering the limited time at my disposal I used group interview to save time and collect enough data so as to get more insight into the study. According to Anderson (1990) a focus group interview is a group consisted of individuals with certain characteristics who focused discussion on a given topic. It is argued that group

interviews are useful for gaining an insight into what might be pursued in a subsequent individual interview

### ***Selection of focus group interviewees***

The selection of pupils for the focus group interview is done according to certain selection criteria. Five boys and five girls were chosen separately from Junior Secondary School within the age range of 15 to 19 years.

### ***Recording the interview***

Though there are various ways of recording interviews, tape recording is considered most appropriate for this study. Tape recording reduced the possibility of me being biased in the selection of data by capturing the interviews wholly; this is helpful for data analysis since the tapes were re-played to establish the fact in the absence of the informants. Furthermore tape recording enabled me to pay more attention to the interview, probing and nonverbal language by the informant rather than note taking.

### ***Transcription of the interviews***

I transcribed all the interviews word-to-word the same day they were conducted. Gestures, pauses and sounds of expression such as ah! and laughter were also transcribed. The interviews were conducted both in English and a Ghanaian language depending on the preference of the interviewees. For instance the pupils with visually impairment, and parents preferred to be interviewed in the Ghanaian language but teachers and the key informants preferred to speak English.

After each transcription the tapes were replayed for cross checking of the transcripts. Presentation of the data collected during the field study was descriptive. I organized and presented the data according to identified themes, categories and sub-categories.

### 3.6.3 Observation

Sanger points out that there is a world of difference between observations and seeing. He describes the latter as creating order out of the chaos of signals reaching the brain, gleaned information from the environment by placing significance on some things and not others, making out of a situation, even noticing the absence of things, being aware of one's in-built biases and taking steps to counteract them ( Sanger 1996:1-8 in Marinossian 2002:72). An observation is the result of looking, seeing and interpretation is in turn based on the observer's assumption; his cultural knowledge (Spradley, 1980).

Observation therefore offered me the opportunity to look at what is taking place in the situation rather than at second hand. This gives the researcher a clear picture of the context of the programme to be open ended and inductive, to see things that might otherwise be unconsciously missed, to discover things that interviewees might not freely say in the interview and thereby moving beyond perception-based data, as for example, opinion in interviews and to access personal knowledge. The general observation provided me the impression of the general condition at the township, and the school. It afforded me the opportunity to understand the context in which the pupils with visual impairment were living in the school and the community.

It is argued that observation gives the researcher the opportunity to gather data on:

- the physical setting (i.e. physical environment and its organization). It is useful to observe the physical setting of the pupils with visual impairment.
- the human setting ( i.e. the organization of the people, the characteristic, and make up of the groups or individuals being observed, for instance I observed the teaching of science and HIV/AIDS in the classes.

The intersectional setting (i.e. the interactions that are taking place, formal, informal, planned, unplanned, verbal, non-verbal etc.) for example, I observed the pupils with visual impairment and the teachers during co-curricula activities and the classroom teaching.



### **3.6.4 Conversation**

Through meeting with people in diverse contexts during the field study it became natural and important to gain knowledge through informal conversation. Gall et al (1996:309) states that conversation relies entirely on the spontaneous generation of questions in a natural interaction, typically one that occurs as part of ongoing fieldwork. Hence in-between the interviews and the observation, I engaged in informal conversation with the adolescent pupils with visual impairment, teachers and parents. The conversations aided me to construct further interviews and to confirm and clarify some of the impressions I got from the earlier interviews and the observations. It was also useful to discuss relevant issues with key informants.

### **3.6.5 Documentary consultation**

I selected and read texts, reports, various documents, and records of all kinds to gain knowledge about the HIV/AIDS. Yin (1994) notes that systematic search for relevant documents and records play an important part in any data collection plan. Other sources of information included newspaper publications, national and international journals, government publications and the internet websites. All these were vital sources of information in contextualising this research.

### **3.6.6 Field notes and diary**

To serve the purpose of the chosen qualitative research design, I took field notes and kept a diary because I could not trust my memory. In order to avoid losing details or to get hold of the particular data, I recorded field notes, because field notes may give an access to the meaning that guides behaviour. Gall et al.(1996:250-252) explains that field notes should be descriptive and reflexive. Descriptive information includes verbal description of the participants, reconstruction of dialogues, description of physical situation and explanation of events. Reflexive information, on the other hand, involves my personal account of the course of inquiry.

### **3.7 Ethical considerations**

Data collection in case study research poses various ethical problems (Gall et al 1996). Consequently, before embarking on each interview in this study, the purpose of the study was explained to the informants. They were assured of confidentiality of the information they give. In addition, the interviewees were assured of use of pseudo names. The consent of the interviewees was requested before tape recording of the interviews.

### **3.8 Validity and reliability**

According to the dictionary validity refers to a state of being logical, sound or being effective because something is done or made with correct procedure (Longman Webster 1984 in Marinossion 2002:72). Kvale (1996) argues that this process depends, to a great extent, on the researcher. According to Kvale, “validation comes to depend on the quality of craftsmanship during investigation continually checking, questioning and theoretically interpreting the findings” (Kvale 1996: 241). He further explains that the informants may be hesitant in describing in detailed phenomenon or even deny certain aspects of their understanding or even exaggerate. Reliability in case study research is “the extent to which other researchers would arrive at similar results if they study the same case using exactly the same procedure as the first researcher (Gall et .al. 1996).

### **3.9 Data Analysis**

According to Kvale (1996) analysis means to separate into parts or components. The transcription of the interviews and the summary of the conversations might lead to separations of what the informants say in words or sentences. Interpretational analysis has been used for analyzing the interview data. Interpretational analysis is the process of examining case study data closely in order to find constructs, themes

and patterns that could be used to describe and explain the phenomenon being studied (Gall et al 1996:562). Analysing data involves the process of organizing what one has heard, seen or read so as to make sense of what one has learned (Glesne and Peshkin 1992:127). Therefore the informants' answers to the questions were contextualized; coded or categorized. Most of the categories and subcategories have been based on the interview guide.

In the next chapter I will present and analyse the empirical data.



## 4 Presentation of findings and analysis - Introduction

The purpose of this study is to investigate how the adolescent with visual impairment are educated to understand HIV/AIDS. A case study design was used to investigate the phenomenon in depth in its natural context (Gall et al 2003). A qualitative research design was chosen and the research question and the sub-questions guiding the study are:

**Main question:** *How are Ghanaian adolescent pupils with visual impairment educated about HIV/AIDS?*

**Sub-questions:**

1. *How effective is HIV/AIDS prevention promoted to educate pupils with visual impairment within Ghanaian culture?*
2. *Which consequences have the visual impairment on the understanding of the preventive measures of HIV?*

The perspectives from the insiders, by this I mean, the pupils with visual impairment, the teachers, and the perspectives from the home or the community, that is, the parents and the views of the education authorities namely the Education authority and the School leadership of the School for the Blind will be presented in categories and sub-categories.

By presenting the data thematically and adapted to accepted way of communication practiced by the adolescent pupils with visual impairment, the teachers (in the School for the Blind) and parents in the community, it is hoped that the composite picture may emerge of the traditional beliefs and modern knowledge that have consequences on the understanding of HIV/AIDS in those domains. I have used informants' pseudo names in reporting the findings.

The following sections present the findings. The two domains of the school and the community provide the conceptual organization of the presentation. Individual voices were accorded space since the aim of this research was to “allow” individual voices

to be heard. In this study an effort has been made to provide the insight of the adolescent pupils with visual impairment, the teachers, the School leadership, the Education authority and the parents. Diverse views of my informants will be presented according to the similarities, differences and ambiguities of their opinions. As a starting point, I will present and analyse an inquiry into my informants' perception and knowledge about HIV/AIDS.

## **4.1 Knowledge about HIV/AIDS**

At the beginning of each interview, all the informants in this study were asked about their knowledge level on the HIV/AIDS. This was done to put the informants at ease and establish a good rapport. Most informants knew what HIV/AIDS was and some of the teachers and parents had actually seen a person suffering from AIDS. The teachers and parents attributed the reason of this to the work of some Non-Governmental Organizations (NGOs) involved in HIV/AIDS prevention campaigns.

However all the adolescent pupils with visual impairment conceded that even though they had heard a lot about HIV/AIDS they never saw or felt (through the sense of touch) any AIDS patient. It seems as if the loss of vision may have had adverse consequence on their ability to see AIDS patients even though they had heard a lot about AIDS patients and could say a lot about them. Aku, a teacher and a senior housemistress in the school put it this way: "the adolescent children here in the school know a lot about HIV/AIDS prevention because when questions were asked about it they will tell you everything concerning the disease". According to Wor, a teacher, the adolescent pupils know much about HIV/AIDS because, "once they know a concept they keep it as rule and any time they are asked they will tell you all about it".

The School leadership also expressed the same view. According to the leadership, the adolescent pupils had much knowledge about HIV/AIDS due to the "responses they gave when people from Ghana AIDS Commission, health personnel and NGOs came

to the school to give a talk on the subject”. The implication here is that the pupils have heard a lot of talks and lectures on HIV/AIDS hence they have appreciable knowledge concerning the disease. Awu, a teacher, was of the same and further added, “The pupils have knowledge about HIV/AIDS but concerning the understanding there is much to be desired about it because they still practise unsafe sex”. From the study, it can be deduced that all the informants knew something about HIV/AIDS.

### ***What HIV/AIDS was***

Both the male and the female pupils with visual impairment who participated in this study knew what HIV/AIDS meant even though some of them went beyond the mere mention of what the mnemonic HIV/AIDS stood for, that is, Human Immune Virus and Acquired Immune Deficiency Syndrome. It seemed two of the pupils Dvi and Evi had difficulties in remembering the actual words standing for the letters in the HIV/AIDS acronym. This observation was made when I asked them to spell the actual words when they mentioned the acronyms. However the four other students with visual impairment were able to spell them correctly. The pupils knew the difference between HIV and AIDS. A pupil stated “it takes about five to ten years for HIV to develop into AIDS which is the dying stage”.

The disease being deadly was emphasized by all the informants. Avi, a pupil of Junior Secondary School, form three, stated: “HIV/AIDS is a disease which is not curable” Bvi, also from the same form three, supported Avi and explained, “the symptoms of HIV/AIDS are headache, weakness, et cetera, where the infected person suffers long illness and become thin”. All the teachers mentioned that HIV/AIDS is a disease which is not curable and it was mainly contracted through sexual intercourse. The School leadership and Awu, a female teacher, believed that HIV could be contracted through the common use of sharp or piercing objects and tooth brushes. Awu stated the cause as, “anything that will make the fluid of an infected person get into the body of an uninfected person”. All the informants said they heard about some

traditional healers claiming having cure for the disease but most of the informants said they did not believe it; while others were in a state of ambivalence.

### ***Prevention of HIV/AIDS***

All the teachers and the pupils interviewed mentioned the following as preventive measures of contracting HIV: abstinence, using condom, being faithful to one's sexual partner, not sharing needles or re-using sharp objects, not using the same tooth brush. Wor, a teacher, believed that more education on HIV/AIDS especially with the adolescent needed to be taken more seriously. He further stated, "for the adolescent to really understand preventive measures of HIV, the sensitization means should address behaviour change". Nya, another teacher also believed that for a thorough understanding of the preventive means of HIV, there was the need to educate the pupils right from the kindergarten.

From the views of the teachers it stood to reason that even though the adolescents knew about the preventive measures of HIV/AIDS, there was a need to intensify the sensitization programmes to address behaviour change.

## **4.2 Sources of information**

According to the School leadership the sources of information included television; except for visually impaired who could not see the pictures. He further explained that some of the adolescent with visual impairment in the school had low vision and could see a little bit. However all the adolescent pupils with visual impairment that were interviewed said that they could not see the pictures on the television even though some of them stated that they had residual vision. The School leadership mentioned other sources of information as "the radio, anti AIDS clubs organized by peer educators who are trained in that capacity and talks or lectures given by the community health nurses".

Nya, a male teacher in the school, mentioned similar sources as the School leadership and elaborated that the teachers taught lessons in the classrooms on HIV/AIDS and



they also got information from the personnel from the Ghana AIDS commission and Non-Governmental Organizations (NGOs) through courses. Wor, another male teacher, presented a different view concerning the lessons on HIV/AIDS. Even though he agreed that lessons were taught in the classrooms, he differed on the grounds that HIV/AIDS was not on the school time-table. By implication, since HIV/AIDS was not on the school time-table, it could be argued that it would not be taught in depth but superficially; thus the acquisition of the knowledge on the HIV/AIDS would be limited.

***Limitation to information brought about by loss of vision***

Concerning whether the impairment have consequences on the adolescents as regards the education about HIV/AIDS, Ahia was of the opinion that “the disadvantage that the blind have is that they cannot see people affected with the disease, so they do not know how these people look like”. Nya also agreed that in reality the adolescent pupil with visual impairment was unable to see a person suffering from AIDS due to “the limitation brought about by the loss of vision”. The School leadership was of different view because, according to him, “not all the visually impaired have total loss of vision, some can see, they have residual vision”. He argued that the adolescents who are “partially sighted can see the pictures on the television, posters and in books and can even see a person suffering from AIDS in real terms”.

From the interview and the observation of the adolescent pupils with visual impairment, it may be concluded that partially seeing was in degrees while some pupils had relatively clear residual vision others had blurred vision. This implied that not all children who were partially sighted could see AIDS in action, that is, someone suffering from AIDS in reality. In the next section, I examine beliefs and attitudes towards HIV/AIDS.

### 4.3 Beliefs and attitudes

#### *Causes of HIV/AIDS*

The informants mentioned the AIDS virus was mainly spread by having sex with a male or a female who had the virus, injection with a syringe and needles or receiving blood transfusion infected with AIDS virus. The teachers and the parents mentioned other causes such as using the same knives or blades on many people for purpose of circumcision, shaving in the shrines and bond of relationship (where blood was exchanged and put into each other's skin). Some illiterate parents believed that AIDS could be caused by a curse, juju or witchcraft. Aduk, a parent, believed, "if you wrong a person he can send spell unto you and you can be infected with AIDS". However, other parents were sceptical about this. Kozo, a parent believed, "even though they have been saying that AIDS is caused by a curse, I don't believe it; because the disease is world-wide". Nya, also a teacher was of different view as he said:

Formerly when there was not enough education people had superstitious belief that AIDS was caused by juju or witchcraft now that there is enough education many people no longer believe in that.

At the two focus group interviews there were divided opinions. Some believed that it was possible for the disease to be caused by spiritual means while others were of the opposite view. All these views imply that there are traditional views held by some informants while others held modern views as a result of education about HIV/AIDS.

On the issue of HIV/AIDS and sex education at home it seemed that parental role as disseminators of information on HIV/AIDS to their children was restricted by their beliefs and attitudes. According to the School leadership, the parents had limited knowledge about HIV/AIDS. He said:

whenever the parents are invited to Parent-Teacher Association (PTA) meetings in the school and when we are discussing about HIV/AIDS, the parents seem to have little knowledge about the subject let alone informing their children about the deadly disease.

A similar view was expressed by Awu, a female teacher, who further added that the parents did not discuss HIV/AIDS issues with their children. She put it this way: “The parents do not have the time talking to the children about HIV/AIDS. The children are not given the needed freedom at home”. All the four parents interviewed confirmed what the School leadership and Awu had said. According to them they did not discuss HIV issues with their children. Aduk, an illiterate parent and a Christian stated, “Discussing sexual issues with the children, particularly the use of condom is unacceptable, because they will want to experiment sex before marriage”.

Kozo, another parent disagreed with Aduk and stated:

Formally, the community thought the use of condoms was a taboo and that HIV/AIDS was a punishment from the gods because of lack of education; now it is not the case due to awareness campaigns. In this modern era, sex education is no longer a taboo; even though some people in the remote areas regard it as a taboo.

Eli, a female parent, was of the similar view as Kozo. She stated, “due to single-parenthood sex-education is nothing before the adolescent these days; because they are exposed to pornography”. From indications it was possible for the adolescent pupil who was partially sighted to have access to pornography or watch it on the television or on the internet.

### ***Sexual awareness***

The study sought to examine the level of sexual awareness of the adolescent with visual impairment in the School for the Blind. Sexual awareness in this context refers to sexual intercourse. A female teacher and a senior housemistress said that there were cases of boy-girl relationships among the adolescent pupils with visual impairment leading to them having sexual intercourse in the school. According to the female teacher, as a result “a girl was impregnated by her peer or classmate leading to the girl dropping out of school”. The pupils confirmed what the senior housemistress had said. Three girls and four boys at separate focus group interviews contended that they practised sex with their friends without using condom whereas the other two girls and a boy at the same focus group interviews said that they abstained from having sex.

*Unsafe sex*

On the issue of why the adolescent pupils with visual impairment practised unsafe sex in spite of the risk level involved in acquiring HIV, Nya and Wor were of the opinion that these pupils were sexually active. Besides, they believed that the adolescent pupils were always under peer pressure to have boy or girl friends. An adolescent pupil at focus group interview said,

I have a girl friend outside the school and I always advise her not to use sharp objects used by someone. I do advise myself also not to use any sharp instrument used by someone. I do not depend on the use of condoms because it can also burst.

Most of the pupils at focus group interview believed that they practised unsafe sex because they trusted their friends since they were also aware of the consequences of HIV/AIDS.

Joce, a female teacher, was of different opinion; she believed that the pupils did not have freedom at home to move about and interact with their friends. According to her:

Most of the parents lock their children with visual impairment in the house and prevent them from going out to make friends. When they come to school even mobility becomes a problem for them. We allow them to interact freely with one another and in the process they make friends with the opposite sex. This leads them into sexual misconduct.

From the quote, it implies, at home most parents reject their children with visual impairment and therefore they did not discuss HIV/AIDS issues with them. Thus the free atmosphere in the school encouraged the pupils to relate well with the opposite sex which consequently led them to practise unsafe sex.

In addition, all the teachers believed that marriage was a problem for the persons with visual impairment so when they came to the school and they reached the stage of adolescent they would wish to get their future partners. By implications in the bid of finding their future wives or husbands, the pupils practised unsafe sex. According to Nya when the pupils came to the school, they felt that they were in “a society of their

own and they become glued to each other and in the process they practise unsafe sex”.

### *Exchange of sex for ‘provisions’?*

Provisions in this Ghanaian context refers to beverages such as milo, ovaltine, bournvita; milk, sugar, soap et cetera. It is a normal practice for parents to equip or provide the pupils with milk, sugar, tea bag and ‘gari’ (local food specially prepared to last long) to take to residential schools. The pupils use the provisions to supplement (if they do not eat to their fill or satisfaction) the food provided them by the school authorities. However some parents due to poverty cannot afford to provide these provisions for their children.

According to the teachers, the girls whose parents could not afford to buy the provisions for them are lured by the boys whose parents are able to afford it into having sex with the girls with the promise of giving them the provisions. Joce, a female teacher puts it this way: “The boys deceive the girls that if you allow me to do this thing, I will give you provisions”.

From experience and observation, I realized that provisions were used considerably by pupils in Ghanaian residential schools. According to most teachers some of the female adolescent pupils were lured into having sex by their male counterparts on the promise of exchanging provisions for sex. Ahia, a teacher, was of the view:

Most parents of the adolescent with visual impairment do not look after their children well. Due to poverty and denial they do not provide them provisions when they are going to school.

According to Awu, “these girls fall to prey of the boys who cunningly deceive them into having sex with them with the promise of giving them provisions”. The reasoning was that due to parental neglect, the girls were compelled to exchange sex for provisions. Besides, as a result of poverty, some of the girls do indulge to sexual acts in spite of the risk involved. At the focus group interviews, the pupils admitted that they exchanged provisions with their friends who did not have them but not necessarily for sex. Three of the parents interviewed conceded that since the

government looked after the pupils in the residential school, they felt it was the responsibility of the government to provide those basic needs.

According to Kozo, “I have a total of seven children in various schools I cannot afford to provide provisions for all. I am lucky that in the School for the Blind the government feed them for free”. The implication was that some of the parents felt that it was the responsibility of the government to provide all the basic needs of the pupils in the school; whereas others due to poverty were unable to afford them; thus as a consequence, some of the girls fell victim to the ‘trap’ set by some of the boys which led into sexual promiscuity.

## **4.4 HIV/AIDS education**

### ***Curriculum***

Both the Education authority and the School leadership, who were government representatives at policy making level, conceded that HIV/AIDS was not included in the national curriculum. The Education authority explained that “teachers were mandated to link HIV/AIDS to any subject that they teach in the classroom”. This was confirmed by Vor, a male mathematics teacher, who said, “I connect HIV/AIDS in mathematics lesson in teaching addition and subtraction”. The fact that HIV/AIDS was not in the curriculum, seemed that the teaching of the subject might not receive the desired attention in the School for the Blind. More so it seemed that the teaching of this subject was left at the discretion of the teachers. The reasoning was that a teacher might decide to teach it or not; because there was no concrete policy compelling the teachers to give the subject the needed attention. The School leadership however stated; “HIV/AIDS is a lesson in class six science and religious and moral education textbooks”. This seemed inadequate considering the enormous consequences of the HIV/AIDS pandemic in the community in which the pupils live.

Ahia, a teacher, believed that HIV/AIDS education in Ghana did not start well. According to him, initially the teachers were not involved in the campaign against

HIV. This was because, as he pointed out, “it was only the health workers who were empowered to participate in the sensitization of the public”. The School leadership shared the same view that the programme failed at beginning because teachers who were the disseminators of information were ignored at the onset of the campaign programme. The Education authority was also of the same opinion and added; “now the Ghana AIDS commission working in conjunction with Ghana Education Service have started organizing courses for teachers”. From all indications, if teachers were used from the onset they would have the opportunity to educate the pupils who would in turn send the information about HIV/AIDS to their parents. This might be beneficial to the parents most especially to the illiterate ones.

### ***Involvement of teachers in HIV/AIDS courses***

The teachers said that the selection of participants to HIV/AIDS courses and workshops did not involve all of them. According to Wor “the selection to the courses and the workshops involved only selected few”. This contradicted the impression created by the School leadership that all the teachers participated in the courses and the workshops when he said;

the school support the HIV/AIDS programme by sending every teacher to courses and also inviting personnel from the Ministry of Health and Ghana Aids Commission to the school to give talks to the teachers and the pupils.

However, according to the pupils “not all the teachers teach about the HIV/AIDS”. Similarly Awu stated: “Only a few teachers benefit from the courses and the workshop on HIV/AIDS leaving most of the teachers in the dark”. The implication here was that some of the teachers were excluded from the courses and the workshops. This could limit their scope of knowledge about HIV/AIDS.

### ***Support to teachers***

Joce, a female teacher, believed that the school supported HIV/AIDS education by allowing some of the teachers attend workshops concerning the subject. She puts it this way:

When teachers do not go for workshops and the pupils ask questions concerning HIV/AIDS, they will think that the children are becoming wayward. I have attended workshop so I have some knowledge about HIV/AIDS.

Nya, a teacher, who had the opportunity of attending workshop, explained what he learnt and how he impacted the knowledge to the pupils with visual impairment. This was similar to what Awu, a female teacher said, “We do organize HIV/AIDS talks every two weeks”. By implication the teachers who were privileged to attend courses were more knowledgeable about HIV/AIDS than their counterparts who were denied this opportunity.

### ***HIV/AIDS and sex education***

According to the School leadership, the health education teacher was responsible for organizing teachers to have lectures about HIV/AIDS and sex education in the School for the Blind. He explained “sometimes it takes the form of drama; the children are made to perform role plays to depict the consequences of acquiring the HIV”. With reference to sex education, he said that the pupils felt free to discuss sexual issues in class. According to him: “If you feel that you are hiding sexual issues from the adolescents, you are just fooling yourself; because they appear to know more; is better you tell them the right thing”. Similar issue about sex-education was explained by Nya but he put it in a different way; “Sex education is full of excitements; the pupils laugh, hoot and shout at the top of their voices for the mere mention of sex”. The Senior Housemistress was of similar opinion as she expressed her view:

The adolescents enjoy sex education particularly when the teacher creates conducive atmosphere for the lesson; the pupils contribute and discuss the subject very well.

From indications it seemed that sexual issues were not used to sex education; hence the hooting and shouting because of mere mention of sex. It seemed the pupils enjoyed the sex education due to the congenial atmosphere in the school coupled with the fact that they are sexually active.

### ***Braille as a tool for educating the visually impaired***

All the adolescent pupils with visual impairment stated that they did not have the



Braille version about HIV/AIDS literature. According to Fvi, “we do not have HIV/AIDS in Braille in our textbooks; it is the teachers who give us notes in Braille”. This was confirmed by the School leadership, who said:

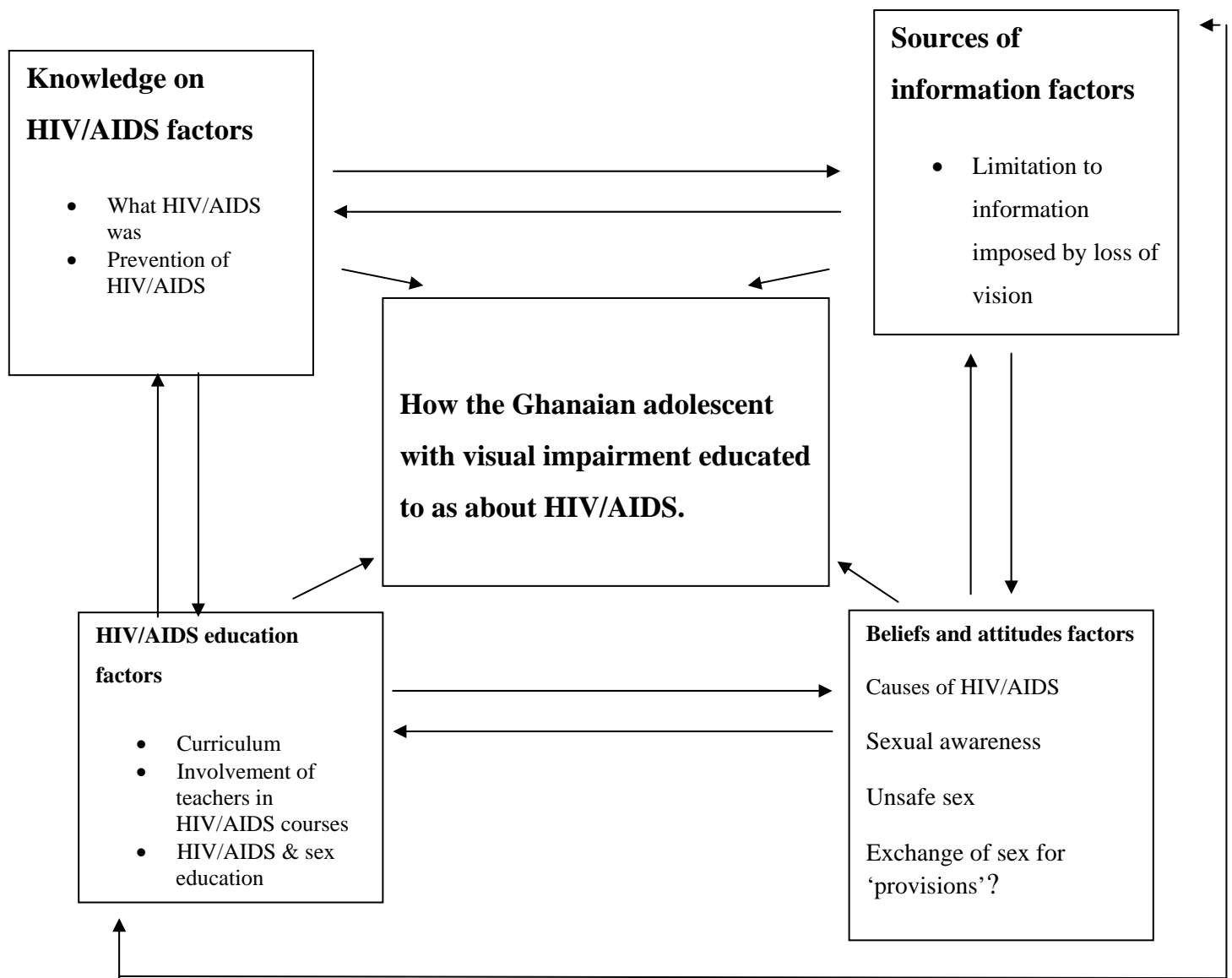
Experts in HIV/AIDS from the Ghana AIDS Commission and Ministry of health personnel come to the school occasionally to give talks to the pupils with visual impairment. The reading materials that they give to the pupils with visual impairment, after the talks and lectures, are all in print. They do not have the Braille version.

Joce, a female teacher said she believed,

The disadvantage that the blind have is that they cannot read the print version of literature on HIV/AIDS, even those of them with low vision may be unable to read the prints in books and on posters.

From the above quotes it stood to reason that the visually impaired stood at disadvantage as regards acquisition of knowledge for not using Braille as a tool, in comparison to their seeing counterparts who were able to read prints which were always available. Kam, a pupil said, “I have never seen a person with HIV/AIDS but I heard that such person is open to all kinds of diseases”. All the adolescent pupils, both the partially sighted and those who were totally blind that I talked with said they never saw anybody suffering from AIDS even though they heard a lot about how the victim looked like. The implication was that the loss of vision served as a barrier for the visually impaired to see AIDS victims. This fact mentioned by the visually impaired may be of considerable importance.

#### 4.5 Summing up The following factors summarize the findings and the analysis



**Figure 4.1** The predisposing factors that summarize the findings and analysis

#### *Knowledge about HIV/AIDS factors*

It can be concluded that all the informants knew something about HIV/AIDS. The data revealed that the teachers and the pupils had appreciable knowledge about HIV/AIDS. They also knew what the acronym HIV/AIDS stood for and knew about the preventive measures. However, most parents lack the knowledge due to the fact that most of them were illiterates.

---

***Sources of information factors***

The sources of information included television, radio, posters, Ghana AIDS Commission, Health personnel, courses and workshops. The adolescent pupils with visual impairment stood at disadvantage because they could not see the pictures or see the person suffering from HIV/AIDS in practical terms.

***Beliefs and attitudes factors***

The data indicated that there were conflicting beliefs about the causes of HIV/AIDS. While some informants were of the view that AIDS was caused by virus others believed that it could also be caused by spiritual means. It was evident that parents did not discuss the issues of HIV/AIDS with their children. Some parents believed that discussing sexual issues with wards was not acceptable. The adolescent pupils practised unsafe sex in spite of their knowledge about the risk involved because they were sexually active. Due to poverty and parental neglect others exchanged 'provisions' with sex.

***HIV/AIDS Education factors***

It became evident that HIV/AIDS was not included in the national curriculum. Teaching about HIV/AIDS was left at the discretion of the teachers. A few teachers were privileged to attend courses and workshops and were able to share their knowledge and experience with the pupils. HIV/AIDS was included in the pupils' textbooks and sex education was encouraged in the school. The school supported HIV/AIDS programme by sending teachers to courses and inviting experts to give talks about the HIV/AIDS. The visually impaired were excluded from benefiting fully about HIV/AIDS education due to the facts that all the materials were in print.

In the next chapter I will present discussion in relation to theories, conclusion and recommendations.



---

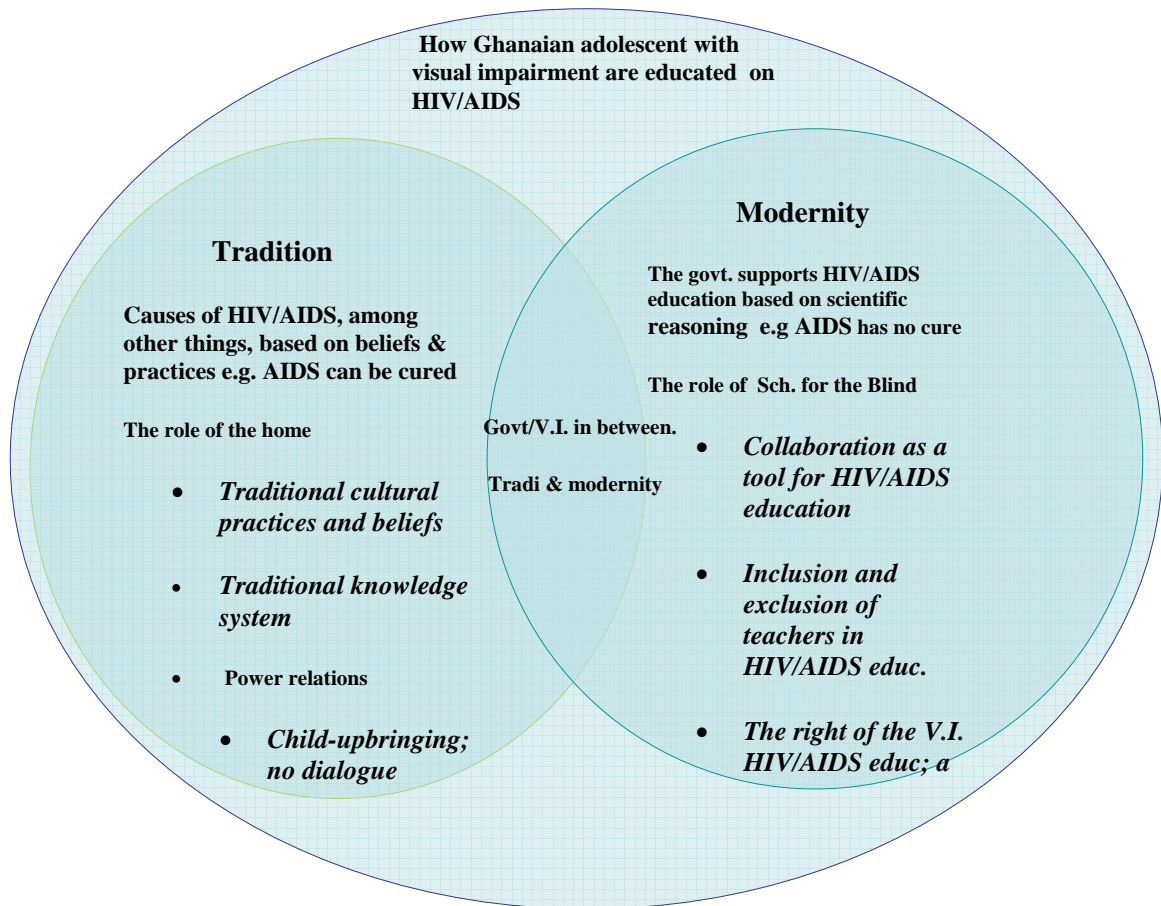
## 5 An introduction to the data and theories discussion

This chapter discusses the empirical data of how the Ghanaian adolescent pupils with visual impairment are educated about HIV/AIDS.

It has been argued the adolescent pupils with complex visual impairment were only partially included in the education about HIV/AIDS because there were no Braille versions of their learning materials. The intention of this chapter is to discuss the findings in relation to the theories and the research questions based on a model I entitled: “Educating adolescent with visual impairment to understand HIV/AIDS from the perspectives of tradition and modernity”.

The discussion in this chapter will be based on the findings which represent the informants’ point of view and my own interpretations about the phenomena under study alongside with the theoretical perspective presented in chapter two.

As I have earlier mentioned, tradition in this study represents the views of the home or the community; while modernity refers to the school or the government. Thus I refer to the home and the school as traditionalists and modernists’ views (as indicated earlier in chapter two). Even though it could be argued that there is no complete dichotomy between tradition and modernity, for sake of aiding the reader to focus on my analyses, I have attempted to use a model with the dichotomy as a guide. The model below highlights educating the visually impaired from the theoretical perspective of tradition and modernity. It illustrates how the beliefs and attitudes, as a traditional system, have been deeply rooted; thus having consequence on the education of the visually impaired. Modernity or modern system or the government finds it difficult to make impact on the education of the adolescent with visually impaired. Consequently both the adolescent and the government are caught in between tradition and modernity. This has consequence on the education of the visually impaired as regards partial inclusion.



**Figure 5.1 Model for discussion: both the visually impaired and the government are caught in-between tradition and modernity.**

## **5.2 Tradition**

Traditionally, the causes of HIV/AIDS are basically based on sexual intercourse and traditional practices and beliefs. The adolescents are socialized to accept traditional practices and superstition.

### **5.2.1 The role of the home**

#### ***Traditional culture and beliefs***

Several predisposing factors were identified under traditional culture and beliefs. These increase the risk for HIV/AIDS among the people in the community. It was evident that the traditional culture includes: circumcisions, tribal marks, bond of relationship, shaving in the shrines (as mentioned in chapter four). In all these practices, sharp objects such as knives and blades are used on several people. According to Stephens (1998:7) culture exists on both individual and social levels, being concerned with what particular individuals think and do and also with what a society considers important and meaningful. By implication, since the community considers sharing the same knife useful, everybody is at risk in the community including the adolescent with visual impairment since he or she does not live in isolation but lives in the community. The kind of knowledge that people have and their past experiences are likely to form determinants of eventual beliefs and attitudes (Malambo 2006:130).

These beliefs are at variance with what are taught in the school thereby putting the adolescent in a state of ambivalence. For instance it was evident that some parents believed that HIV/AIDS has been in the community since time immemorial. Others also believed that the disease was caused as a result of a sin, a curse, witchcraft or juju. More so it was a belief that the disease could be cured by the traditional healers. The implication is that the traditional beliefs and superstitions are based on practices by the traditional practitioners.

Taking the case of countries in the South, majority of the people could still be in the theological or metaphysical state. Such that telling them there is virus called HIV which causes AIDS would be unconvincing to some people especially those in rural or traditional communities (Malambo 2006:130). Malambo believes that these explanations would be more unconvincing to people with strong traditional beliefs. Malambo further states there are religious people who believe that God saves the faithful and punishes the sinners through many ways one of them being incurable disease (ibid).

### ***Traditional knowledge system***

As stated earlier the data was indicative of the fact that HIV/AIDS has been in existence long before the present days. Besides, some people believe that there has been a cure by traditional healers using of herbs, by way of indigenous knowledge system. According to Odora Hoppers and Makhale-Mahlangu indigenous knowledge system is "...is knowledge relating to the technological, social, scientific and development..." (Odora Hoppers and Makhale-Mahlangu 1988:6). The government of Ghana recognizes traditional healers who are duly registered. From the data, according to some parents, some traditional practitioners claimed of having a cure to HIV. This is in conflict with the education given in the school that HIV/AIDS has no cure. These beliefs are passed on the children who are expected to obey their parents or adults by not questioning their authority due to power relation between a parent and a child.

### **5.1.2 Power relations**

African societies of pre-colonial era were labelled as "traditional" (Nukunya 2004:6); a society characterized by the type of domination based on belief in legitimacy of an authority that has always existed. Those exercising authority do so by virtue of inheritance. They exercise legitimate commands because they are in conformity with their customs. "People subject to their command obey out of personal loyalty to the master or pious regard for his time-honoured status" (Nukunya 2004:6). According to



Nukunya, in African traditional system, rules about acceptable behavioural patterns are meticulously observed and transmitted from generation to generation. It is non-literate and therefore innovations are drastically limited (Nukunya 2004:7). The African traditional society is one in which children learn primarily from their fore bearers and unchallenged by foreign models (Mead 1970:17 in Nukunya 2004:7).

From observation and experience, I have realized that the up-bringing of children in some Ghanaian traditional societies is of authoritarian nature; because decisions come from top to bottom, that is, from the parents or guardians or adults to the children. Children are brought up not to question authority. This is due to the fact that fate-control is characterized by the more powerful without taking into account what the later may do, think or feel (Kelvin 1991:170-173). It is evident that even though some of the visually impaired and the teachers opposed to the HIV/AIDS of not being in the curriculum, they could not voice it out due to the culture of 'silence' as a result of power distance. The pupils are not consulted when national curriculum are designed for them. They therefore have no voice in issues affecting them. The power relation between the government or the curriculum designers and the adolescent pupils with visual impairment could be linked to what Paulo Freire calls the "banking" concept whereby the curriculum planners at policy making level 'know all' and the pupils 'know nothing' (Freire 1996:53).

### ***Child-upbringing***

The attitudes and role of parents and significant others is critical in shaping sexual behaviours for their children. Traditionally, children are educated by their parents, community leaders and their peers (UNESCO 1993). Thus even though the upbringing of the child or the adolescent is the direct responsibility of parents in practice, all adults are involved in the process (Nukunya 2004:162). The entire community is involved in the socialization or education process of the child. Child up-bringing in the traditional setting is tied with social life in both material and spiritual sense. (Abdu Moumouni 1968:29).

However, the stigma associated with disability result in the rejection of the adolescent with visual impairment in the community. The data revealed that some parents avoided their children with visual impairment; thereby locking them in rooms and preventing them from socializing with significant others. Giddens believes that traditional societies have a practice for the future as a frame for 'ontological security'. The avoidance of the visually impaired by some parents limits the pupils' opportunity of having dialogue with their parents on issues about HIV/AIDS; thus restricting their knowledge. Evidence revealed that the pupils did not discuss HIV/AIDS with parents due to the power distance between the pupils and their parents, but with their peers (who were also limited in knowledge about HIV/AIDS)

Besides, due to stigmatization, according to the informants, the visually impaired has a problem of marriage because they are not accepted by some people in the community; this also limits their chances of discussing about preventive measures of HIV/AIDS with the adults and sighted peers. The school on the other hand accepts them and educates them about HIV/AIDS. Thus the freedom at school allows them to interact with their opposite sex. The reasoning is that as, as adolescents, they are sexually active; thus they practise unsafe sex in spite of the risks involved.

Furthermore, according to Fafunwa child-upbringing in Africa, among other things, aims at inculcating respect in the child for adults and educating the child to appreciate and promote cultural heritage of the community (Fafunwa 1974:20). The issues of sex seem to be the preserve of the adults. There is absence of sex education at home; from the data it seems that only the adults has the sole right to discuss about sex thus the mere mention about sex in school get the pupils excited.

It can be inferred that the means by which the adolescent visually impaired receive knowledge is restricted; due to the power distance between the parents and the child. I now discuss the role of the school due to modernity

## 5.3 Modernity

### *The Ghana Government supports HIV/AIDS education*

The government and the school authorities based the causes of HIV/AIDS on scientific reasoning. For instance, unprotected sex; (the need to use condoms), blood transfusion, common use of sharp objects such as knives and blades et cetera; thus the scientific reasoning is that AIDS has no cure.

### 5.3.1 The role of the Schools for the Blind

The government supports the School for the Blind by supplying some textbooks such as science, environmental studies, religious and moral studies which contain topics on HIV/AIDS. School as a modern system, it is easy to carry out certain education in where majority of the people have a similar state of mind. Malambo illustrates that taking an example of some countries in the Western World that it is easy to tell the population that virus causes AIDS because most of the people are in scientific state of mind and they understand and know what a virus is (Malambo 2006:130).

The school is an important place for implementing HIV/AIDS prevention efforts and developing knowledge on sexuality. It is the essential part of most of adolescent's lives. The programmes of the Ghana Education Service on sexuality and HIV/AIDS should commence from pre-school stage. Individual and group norms are deeply rooted and need to be addressed at early ages (Crewe 1997). Therefore, there is the need for the education authorities to use collaboration as a tool and work in partnership with the teachers, pupils and parents.

### *Collaboration as a tool for education on HIV/AIDS*

HIV/AIDS education needs to be tackled in collaboration with the stakeholders, expressed more academically, among the teachers, the pupils, the peers and the parents.

Teachers' (including parents peer and others) mediate the accumulated knowledge, skills, values and understandings of their society and immediate context. Learners

also bring knowledge, skills, values and understanding to the teaching/learning situation from their own particular social contexts (Donald et al 1997:62).

Thus, what is taught in the schools cannot be separated from the systems surrounding the pupils. It is evident that not all the stakeholders are involved in the HIV/AIDS preventive measures. From the data, the parents seem not to have adequate knowledge about HIV because they do not work in partnership with the school. More so most parents are illiterates. This has restricted their knowledge level about HIV/AIDS. The adolescent pupils with visual impairment are not involved with the issues on the HIV/AIDS at home because of neglect by their parents and by the avoidance of their sighted peers and relations.

### ***Inclusion and exclusion special educators in HIV/AIDS education***

Teachers or special educators are considered as producers, interpreters, reproducers mediators, disseminators and purveyors of knowledge and safe sex message (Baxen and Breidlid 2004 20). Evidence has revealed that few teachers benefited from the courses and workshops organized by the government or Ghana AIDS Commission. By way of inclusion, some teachers took part in courses and workshops. Booth & Ainscow (1998) define inclusion as a process of participation in education and a process of reducing exclusion. These teachers were considered the privileged ones by some of the informants. This is because they benefited from participating in the courses and the workshops by updating their knowledge on HIV/AIDS concerning how to mediate, disseminate or purvey the safe sex message. On the other hand by way of exclusion other teachers were deprived the opportunity to participate in the courses and these were considered the unprivileged ones. By implication, these teachers have restricted knowledge to disseminate to the adolescent children with visual impairment in the School of the Blind.

### ***The right of the visually impaired to HIV/AIDS education***

The data revealed that HIV/AIDS is not in the curriculum of the School for the Blind. The fact that HIV/AIDS is not in the curriculum even though it is in print in some of their textbooks, infringes against the right of the visually impaired to benefit fully from the education about HIV/AIDS. It implies that the government or the education

authorities have given the teaching and learning about HIV/AIDS only partial attention.

The partial attention given to HIV/AIDS could limit the understanding of HIV/AIDS by the adolescents with visual impairment. Many studies have confirmed that education is important in the prevention of the spread of HIV/AIDS (Baxen and Breidlid 2004:17). Kaufman asserts the impact of school levels on adolescent safe sex practices, that education has a powerful effect on the degree to which adolescent engage in risky sexual behaviour (Kaufman 2002 in Baxen and Breidlid 2004:17-18).

Besides, evidence from the teachers and the pupils show that there is no Braille version of the textbooks in the School for the Blind. Also there are no learning and teaching materials in the form of tactual materials used in the process of educating the adolescent with visual impairment. All the materials are in print designed for the sighted. In this respect, I argue that lack of these materials discriminate against the visually impaired. This is because they are not provided with suitable tools to learn. By implication, they are marginalised because the education offered them is in the traditional form of talks or lectures but not innovative individually adapted learning to suit their needs. Individual adaptation refers to planning teaching and learning strategies which are suitable for the needs of individual pupil. According to (Johnsen 2001) the principle of suitably adapted education in the school makes great demands on both ordinary teachers and special needs educators. It requires a major shift from traditional “teaching all the pupils the same content”, to teaching each and every child in accordance with their individual needs.

Gyekye states that from the perspective of cultural relativism there is no single understanding of human rights, and that each culture has its own unique interpretation of what is considered acceptable behaviour and what constitutes abuses (Gyekye 2000:7-9). To accept cultural relativism places less emphasis on the dynamism in our culture. I will argue that some of our old practices, for example, giving less regard to the visually impaired, need to be shed or reformed in relation to the fast

transformations world cultures are moving through due to globalization. This could be accomplished by educating every visually impaired pupil according to his or her needs by using adapted materials.

The Universal Declaration of Human Rights 1948 and the Ghana's Constitution of 1992 assert that everyone has a right to education including the adolescent pupils with visual impairment. The Ghana Government supports the United Nations Convention on the Rights of the Child which states the right of the child to education in Article 11 (1) of the Draft Charter on Rights and Welfare of the African Child. Ghana, as a member of the UN, is obliged to uphold this provision of the Convention. However, this study has revealed the contrary; the adolescent pupils with visual impairment were excluded from fully participating in the teaching and learning that will enhance their understanding of HIV/AIDS.

According to Gundara, some vulnerable groups such as the persons with visual impairment are denied fundamental human rights. Gundara believes that pervasive discrimination against the marginalized denies their possibility of competing on fair and equal grounds to attain not only an equality of opportunity but also an equality of outcomes (Gundara 2000:28). The sighted pupils benefit from the learning and teaching materials prepared for the use of vision. On the opposite side, loss of sight deprives the visually impaired learning on equal grounds to attain equal outcomes by way of understanding HIV/AIDS on equal terms with their sighted counterparts.

According to Taylor there is one universalistic principle widely accepted by people who broadly believe in human equality - "treat all people as ... equal beings" (Taylor 1994:10).

Furthermore, some of the special educators who were supposed to disseminate information to the pupil were also excluded from participating in courses and workshops to enrich their knowledge. This is signalling a difficult situation facing the government and the adolescent visually impaired – torn in-between traditional ideas and modern ideas!

### 5.3.2 Caught in-between tradition and modernity

#### *The dilemma of the Government of Ghana*

This sub-section discusses the findings in relation to the theory based on tradition and modernity as indicated earlier. From most of my informants and documentary consultations, educating adolescent pupils with impairment has a lot of implications on their full inclusion in the education about HIV/AIDS at home or in community and in the local school. Some traditional healers claim that this disease has been in the community since time immemorial and could be cured by the application of the indigenous knowledge system, that is, with the use of herbs.

According to Giddens traditional cultures that may have created a feeling of stability depending on indigenous knowledge systems must accept that this philosophy is no longer possible to implement in modern times (Giddens 2004:3-5). The government recognizes traditional healers preparing herbal medicine as Ghanaian indigenous knowledge system. The government allows freedom of religious practices based on beliefs; some practitioners of traditional religious system belief AIDS is a punishment from the gods and could be caused by juju or witchcraft or curse. Some religious faiths do not permit the use of condoms. Giddens is of the notion that we are living in the globalization of modernity. We are reorganizing time and space in a way that presupposes all to possess some universal skills that can explain the character modernity, when it meets traditional established life. Gyekye argues that critical examination of a tradition is vital to refine the inherited tradition, from the normative perspective of the present generation, in order to market that tradition in a presentable form to contemporary cultural flavour (Gyekye 1997:222). I believe that there is a need to revitalize some of our traditional practices to meet the modern demands.

#### *Dilemma*

A challenge of the government is how to reconcile the approval of traditional beliefs and practices and at the same time support scientific reasoning due to the influence of modernity. Gyekye believes that a conception implying that modernity is in polarity with tradition is false because every society in the modern world have traditional

elements inherited and accepted from previous generation (Gyekye 1997:217). The fact that the government approves of traditional practices and beliefs based on the rationale presented above is at variance with the modern scientific reasoning. This shows the dilemma in which the government has found itself - caught in between tradition and modernity.

### **5.3.3 The situation of the adolescents with visual impairment**

The conflicting information emanating from both the traditional system (having cure to AIDS) and the modern systems (AIDS having no cure) coupled with the traditional beliefs and practices seem to have caught the adolescent pupils with visual impairment in a dilemma as regards understanding of HIV/AIDS preventive measures. Thus since they are sexually active, they indulge in sexual intercourse without using condoms regardless of the risks of being infected by HIV.

#### ***Being sexually active***

Almost all the adolescent pupils with visual impairment interviewed were sexually active, or had had sexual experience. All the adolescents had opinion on sexual relationships, condom usage and why they are having unsafe sex. As stated in chapter four, the teachers stated that just as any other adolescents, the visually impaired were sexually active and this is a challenge facing the adolescent pupils with visual impairment. Theories on adolescent development, sexuality, behaviour change and education underline many similar aspects. They strongly state that adolescents are a particularly vulnerable group when it comes to engaging in high-risk sexual behaviour. They identify how contextual factors and special peer pressure may play a significant role in influencing behaviour (Nesbakken 2003:34). Education has an important role in the lives of most school going adolescents with visual impairment and may play a vital role if it manages to address learning and behaviour of the adolescents as well as the surrounding peers and community (Nesbakken 2003:34). However, the mix messages from both the traditional system and the modern systems regarding HIV/AIDS and lack of Braille materials seem to catch the adolescent pupils



---

with visual impairment in a dilemma as regards personal understanding of HIV/AIDS.

#### **5.3.4 Conclusions**

Modern society often has more or less hidden vestiges of traditional culture ‘under the skin’. Societies labelled ‘traditional’ based their thinking on rationales developed from beliefs and practices; whereas those regarded as modern base their thinking on scientific aspects of life. The Government of Ghana supports the United Nations Convention on the Rights of the individuals to education and thus approves of modernity or schooling. Consequently the government has introduced HIV/AIDS education in some textbooks in the School for the Blind. Simultaneously, the government respects traditional practices based on beliefs; meaning that the government accepts both traditional and modern practices. The general tendency in this study is that there is conflicting information on HIV/AIDS prevention regarding traditional beliefs and modern thinking, even though the informants seem to have much information in respect of scientific reasoning as a result of modernity. There are, however elements of traditional practices that encourage the spread of HIV/AIDS which are at variance with modern features of life around the individuals.

Besides, the fact that the government has not included HIV/AIDS in the curriculum and only few teachers get the opportunity to attend courses and workshops, and the fact that there is no Braille version of the textbooks and other learning and teaching materials used by the pupils with visually impairment, suggest that the government has given only partial attention to HIV/AIDS education.

Furthermore, since the government recognizes both the traditional practices and modern scientific reasoning, it stands to reason that Ghana for the time being finds herself in a state of ambivalence - caught in between tradition and modernity. Similarly the adolescent pupils with visual impairment find themselves in a dilemma due to their unfulfilled education about HIV/AIDS prevention within their cultural milieu.

### ***Challenges***

Since the adolescent pupils with visual impairment are sexually active and still indulge in unsafe sex, no matter the consequences; there is a need to turn attention to education for them to understand the scientific aspects of life around them; to accept HIV/AIDS as one of the preventable diseases in the community. It may be argued that the HIV/AIDS education started on a wrong end; initially teachers were not involved. Since teachers are considered as producers, interpreters, reproducers mediators, disseminators and purveyors of knowledge and safe sex messages, involving them in HIV/AIDS education would be beneficial to all pupils (Baxen and Breidlid 2004 20).

If the teachers are involved, they will educate the pupils who will in turn send the information to their parents (especially the illiterate and traditionally oriented ones) about the virus. An ambiguous knowledge about the virus that causes HIV would not help the adolescent pupils and their parents to understand the HIV/AIDS preventive measures.

### **5.3.5 Recommendations**

In light of the findings of this research, the following recommendations seem to be important to reflect upon – both in Ghana and elsewhere:

#### ***Recommendation to the policy makers***

The Ministry of Education in conjunction with the Ghana Education Service should endeavour to include HIV/AIDS in the curriculum considering the enormous harmful consequences this disease is having on the population; most especially for everybody being at risk. The HIV/AIDS as a subject should be introduced right from the Kindergarten and in all teacher training colleges. All teachers should be given the opportunity to attend refresher courses and workshops on the HIV/AIDS programmes. Last but not the least, all stakeholders – politicians, NGOs, teachers, parents and pupils should be involved in the HIV/AIDS preventive measures.

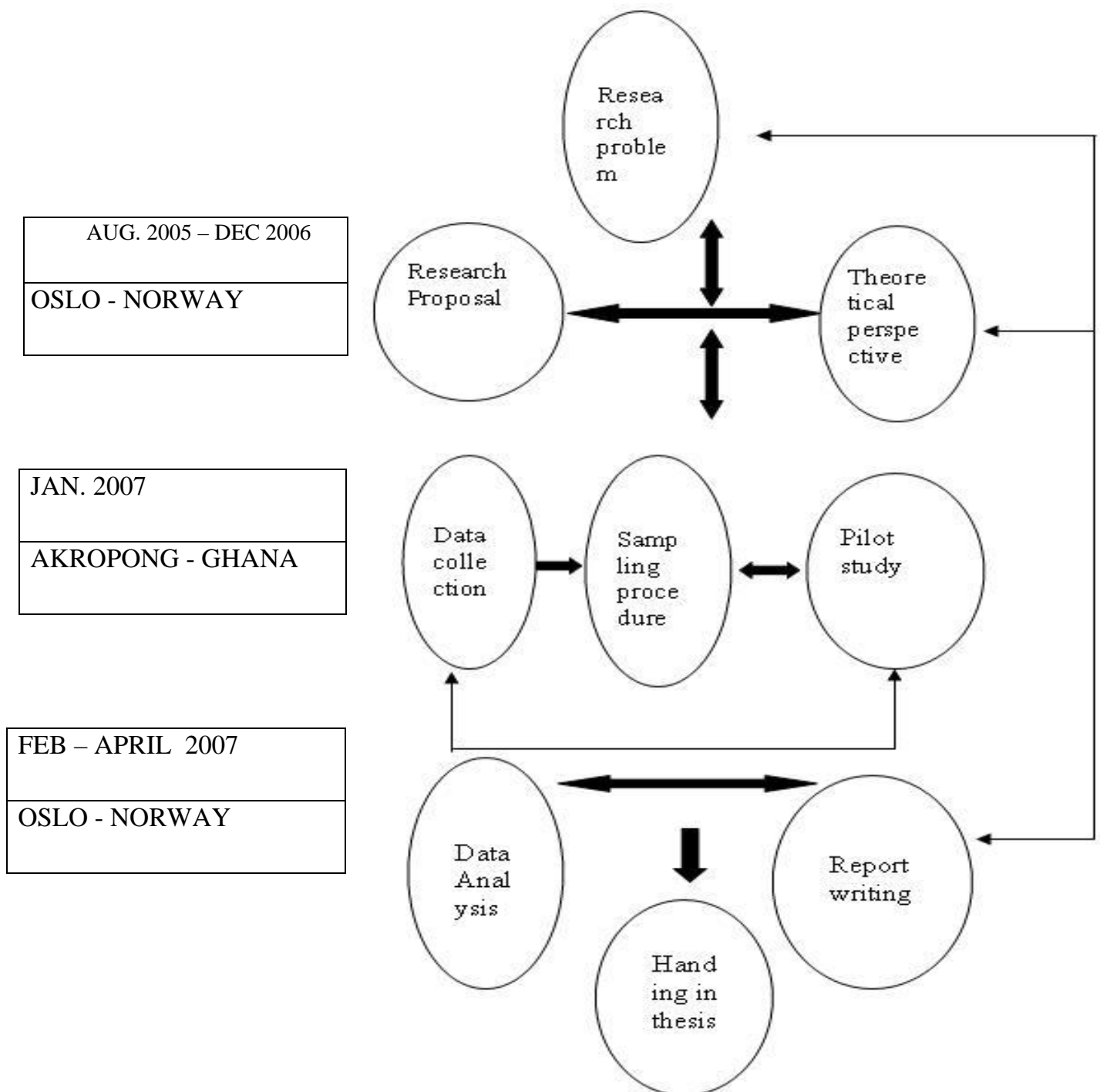
## REFERENCES

- Anarfi, J. K. (2000), *Universities and HIV/AIDS in Sub-Sahara Africa: A case study of University of Ghana*, Legon: UG: Legon
- Anderson, G. (1990), *Fundamentals of Educational research*. Hamsphire: The Falmer Press.
- Ary, D. et al. (1996), *Introduction to research in Education*. New York: Harcouth Brace College Publishers.
- Avoke, M. (1997), *An introduction to special education for universities and colleges*. Accra: City Publisher
- Baah, S. K. (1993), *The Development of Education of the Blind*. Winneba: University of Education (unpublished monograph)
- Baxen, J. and Breidlid, A. (2004), "Researching HIV/AIDS and education in Sub- Sahara Africa: Examining the gaps and challenges" *Journal of Education* 34: pp.9-24.
- Booth, T. and Ainscow, M. (1998), *From them to Us: An International Study of Inclusion in Education*. London: Routledge.
- Casely-Hayford, L. (2002), *Situational analysis of gender issues in education from literate girls to educated women*. Accra: Unpublished.
- Cohen, I. et al. (2000), *Research Methods in Education*. London: Routledge Falmer.
- Cohen, A. and Cohen L. (1986), *Special Education Needs in ordinary School: A sourcebook for Teachers*. New York: Harper & Row publishers.
- Cresswell, J.W. (1998), *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. London: Sages Publications.
- Chaudhary, S.H. (2002), "Urbanizing Rural Literacies or Ruralizing Urban Literacy? Adults Illiterates revisited in Rural Bangladesh". (Master Thesis) Oslo: Oslo University College.
- Cresswell, J.W. (1998), *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. London: Sages Publications.
- Cohen, et al. (2000), *Research Methods in Education*. London: The Belknap Press of Harvard
- Crew, M. (1997), "The Challenges of Life skills Education" p. 78 – 81 in *Children and Youth At Risk Into the 21<sup>st</sup> Century*. Pietemaritzburg: Masakhare Youth Consultancy.
- Donald, D. et al (1997), *Educational Psychology in Social Context. Challenges of development, social issues & special needs in Southern Africa*. Cape Town: Oxford University Press.

- Egan, K. (1998), *The Educated Mind, How Cognitive Tools shape Our Understanding*. London: The University of Chicago Press, Ltd.
- Freire, P. (1996), *The Pedagogy of the Oppressed*. London: Penguin.
- Fafunwa, B. (1982), *A Sociology Education for Africa*. London: George Allan & Unwin Ltd.
- Eisner, E.W. and Peskkin, A. (1990), *Qualitative Inquiry in Education: the Continuing Debate*. New York: Teachers College, Columbia University Press.
- Glesne, C. and Peshkin, A (1992). *Becoming Qualitative Researchers*. London: Longman Group Ltd.
- Garborino, M.S. (1977), *Sociocultural theory in anthropology: a short history*. New York: Holt, Rinehart and Winston.
- Gall, M.D. Borg, W.R., & Gall, J.P. (1996), *Educational Research: An Introduction* (6<sup>th</sup> ed). New York: Longman.
- Ghana National Commission on Children (GNCC) (2000), *Ghana's Children: the child's perspective Country Report*. Accra: GNCC.
- Giddens, A. (2004), *Modernity and Self-identity. Self and Society in Late Modern Age*. Cambridge, Polity Press.
- Gundara, J.S. (2000), *Interculturalism, Education and Inclusion*. London: Paul Chapman Publishers Ltd.
- Gyekye, K. (1997), *Tradition and Modernity in Africa*. New York: Oxford University Press.
- Gyekye, K. (2000), *Beyond Cultures Perceiving a Common Humanity*. Accra: Institute for Scientific and Technological Information.
- Gyekye, K. (2003), *African Cultural Values: An Introduction*. Accra: Sankofa Publishing Company.
- Johnsen, B. H. (2001), "Curricula for Plurality of Individual Learning Needs". Johnsen, B. H. & Skjørten, M.D. (eds). *Special Needs Education: An Introduction*. Oslo: Unipub.
- Kane, E. (1995), *Seeing for Yourself: Research Handbook for Girls in Africa*. Washington D.C: the World Bank.
- Kelvin, P. (1971), *The bases of social behaviour: An approach in Terms of Order and value*. London: Rinehart and Winston Publisher.
- Kvale, S. (1996), *Inter View An introduction to qualitative research interviewing*. California: Sage.

- 
- Marinossion, G. M. (2002), *The response to pupil diversity by a compulsory mainstream school in Iceland* (PhD Thesis). London: Institute of Education University of London.
- Miles, M.B. & Huberman, A.M. (1994), *Qualitative Data Analysis: An expanded sourcebook* (2<sup>nd</sup> ed.). London: Sage.
- Nukunya, G.K: (2004), *Tradition and Change in Ghana*. Accra: University Press
- .Malambo, R. M. (2006), *Understanding School Health and HIV/AIDS Education in a Zambia Culture the Case of Lusaka & Ndola Cities and Kafue & Magoye Towns-Zambia*. (PhD. Thesis) Oslo: University of Oslo.
- Marinossion, G. M. (2002), *The response to pupil diversity by a compulsory mainstream school in Iceland* (PhD Thesis). London: Institute of Education University of London.
- Miles, M.B. & Huberman, A.M. (1994), *Qualitative Data Analysis: An expanded sourcebook* (2nd ed.). London: Sages Publications.
- Natana, J. L. (2004) *The Education of girls in Southern Sudan: The impact of values and aspirations on girls' participation in school education. A Case Study of Girls' Schooling in Juba Town Basic Level Schools*. (Masters Thesis) Oslo: Oslo University College.
- Neuman, W.L. (2000) *Social Research Methods: Qualitative and Quantitative Approaches*. Boston: Ally and Bacon Publishers.
- Nukunya, G.K. (2004) *Tradition and Change in Ghana*. Accra: University Press.
- Ocloo, M.A. (1994), *Rudiments of Psychology of Disabilities*. Winneba: University of Education (unpublished monograph).
- Odora Hoppers, C.A. & Makhale Mahlagu, P. (1988), *A Comparative Study, of the Development, Integration and Protection of Indigenous Systems in the Third World. An Analytical Framework Document*, HSRC.
- Republic of Ghana. 1992), *The Constitution of Ghana*. Accra: Republic of Ghana.
- Sarantakos, S. (1998), *Social Research*. London: Macmillan Press.
- Silverman, D. (2000), *Doing Qualitative Research*. London: Sage Publishers.
- Spadley, J. K.. (1980), *Participation observation*. New York: Brace Javanovick.
- .Silverman, D. (2000), *Doing Qualitative Research*. London: Sage Publishers.
- Stephens D. (1998), *Girls and Basic Education: A cultural enquiry*. Centre for International Education: University of Sussex.

- Stephen, D. (2000), "Girls and Basic Education in Ghana: A cultural inquiry". *International Journal of Educational Development*, 20(1) (Forthcoming). International Education: University of Sussex.
- Stubbs, S. (2002), *Inclusive Education where there are few resources*. Oslo, The Atlas Alliance.
- Taylor, C. (1994), *Examining the politics of recognition*. Princeton, Princeton University Press.
- UNESCO (2002): *Education for All: Guidelines for Preparing Gender Responsive EFA Plans*. Paris, UNESCO.
- UNESCO (1991). *World Programme of Action Concerning Disabled Persons*. Geneva, UNESCO.
- U.N. Fourth World Conference (1995) "Report of the 4th World Conference on women" (9531259) *Preliminary Version*. Beijing 4-15, September, China.
- UNICEF (2002) *Situation analysis of children & women in Ghana 2000*. Accra, UNICEF
- UNESCO (2000) *Education for All: The Dakar Framework for Action, Meeting our Collective Commitments*. Paris, UNESCO.
- UNESCO (2002) *Education for All: Guidelines for Preparing Gender Responsive EFA Plans*. Paris, UNESCO.
- U.N. Fourth World Conference (1995). "Report of the 4th World Conference on women" (9531259) *Preliminary Version*. Beijing 4-15, September, China.
- UNICEF (2002). *Situation analysis of children & women in Ghana 2000*. Accra, UNICEF
- UNESCO (2000). *Education for All: The Dakar Framework for Action, Meeting our Collective Commitments*. Paris, UNESCO.
- UNESCO (2003/4) *Education for All: Gender and Education. The Leap to Equality*. Paris, UNESCO.
- Vulliamy, G. and others (1990). *Doing Educational Research in Developing Countries: Qualitative Strategies*. London and New York, The Falmer Press.
- Yin, R.K. (1994). *Case Study Research Design and Methods*. London. Sage Publications.







## Appendix 2

**Table 3.1 Research Methods and informants**

<b>METHODS</b>	<b>INFORMANTS</b>
Semi-structured Interview	Adolescent visually impaired 3 boys and 3 girl age between 15 to 19 years  4 Teachers  4 Parents  Education Authority  School Leadership
Focus group interview	Pupils (5 Boys and 5girls)
Observation	Pupils visually impaired and teachers in the classroom and out of class activities
Documentary consultation	Report on the HIV/AIDS Unicef reports Other publications on Health and HIV/AIDS_____



## Appendix 3

### INTERVIEW GUIDE

An adjusted version of this guide was utilized for the focus group interviews

Explain purpose, confidentiality, ask for consent.

- What are the three challenges facing adolescent pupils with visual impairment in your community?
- **Hiv.** - in what ways are Hiv a challenge for young people?
  - are you afraid of getting HIV yourself?

#### Parents

-how many people do you think are infested in your community?

-how do you know if a person is infected?

- how is a person with HIV looked upon in your community? (Why don't people who are infected tell others about it?)

-are there any differences between infection numbers in your area and other areas in Akropong?

-How do you go about teaching or telling your child with visual impairment about HIV/AIDS?

#### Interview with adolescent pupils with visual impairment

- How often do you learn on HIV/AIDS?
- How long is each lesson?
- What do you know about HIV
- Where did you learn about HIV/AIDS?

- What do you know about AIDS?

-Cause

-how is it spread

-how is it treated

-what is the cure

-how is it prevented

-how can you control it

- Investigate whether the impairment has consequence on understanding HIV/AIDS
- What learning and teaching material are used in the School for the Blind

### **Knowledge of HIV**

-how much do you think people know about HIV/AIDS?

-Can you remember the first time you heard about HIV?

-Who told you?

-What have you learnt about hiv in school, when was that and who taught?

### **Communication**

-who do discuss sex with?

-what kind of things do you discuss with your parents?

### **Risk behaviour**

-if a person who knows about getting HIV, but still practice unsafe sex, what do you think can be the reason?

### **Sexuality**

-What is the right time/age to become sexually active? Why?

-when do adolescents in your community start having sex?

- How many pupils in your class would you think have sex?

-Do you have friends that are sexually active? How old are they

-Are you sexually active yourself?

-Do you have boyfriend/girlfriend?

-What will you say about the use of condom by the adolescent pupils?

### **Teachers/ School leadership**

-How is it like to teach about sex?

-Do you have any disadvantage?

-How does your school support HIV/AIDS programme?

-What have been the policies on the implementation of HIV/AIDS education?

-How have these policies been implemented in terms of:-

- What teaching/learning materials and equipment were put in place district and school levels?
- How much training has been done for special educators and teachers in general?
- How were curricula changed in terms of objectives, subject timetable for the HIV/AIDS in their schools education?

- How has the implementation process been evaluated?
- What objectives have been met?
- How successful is the implementation in the Akropong School for the Blind?
- Is there anything in the syllabus contradicting the existing cultural sexual practices?

If so, what are these?

### **The Education authority**

- What is the role of the Ghana Education Service in the implementation of HIV/AIDS education?
- What are the learning and teaching Material used in the School for the Blind about HIV/AIDS?
- How much education did you receive or are you receiving on HIV/AIDS education?
- What have been the strengths in implementing HIV/AIDS education?
- What have been the constraints in implementing HIV/AIDS education?
- What were the problems previously encountered in the teaching of HIV/AIDS?
- How are you now addressing these problems?

### **All informants**

#### ***The cultural reflection on HIV/AIDS education***

- Which sexual/non sexual cultural practices contribute to the spread of HIV
- To what extent is the culture in conflict with HIV prevention messages?
- Which sexual/non sexual cultural practices contributing to the spread of HIV/AIDS are included in the syllabus for HIV/AIDS education?

-Are there sexual cultural practices that contribute to the prevention of HIV/AIDS? If so, which ones?

- To what extent are issues around HIV/AIDS discussed among

- sighted and non-sighted friends

-children and parents

-teachers and pupils

-members of the community